

# Health Services Handbook



**Sikeston R-6 School District**

[www.sikestonr6.org](http://www.sikestonr6.org)

# Table of Contents

<b>CHAPTER 1- INTRODUCTION TO SCHOOL HEALTH SERVICES .....</b>	<b>5</b>
Philosophy .....	5
Goals and Objectives .....	5
Cultural Diversity & Health Care .....	9
Staff Information .....	10
Staff Assignments.....	12
Calendar of Events.....	13
<b>CHAPTER 2 - HEALTH ASSESSMENTS .....</b>	<b>21</b>
Vision Screening .....	21
Hearing .....	24
Spinal Screening .....	25
Blood Pressure Screening.....	26
Dental and Oral Screening.....	28
Early Childhood Screening .....	29
Kindergarten Screening.....	29
<b>CHAPTER 3 - HEALTH EDUCATION .....</b>	<b>30</b>
Health and Drug Education Curriculum.....	30
Role of the School Nurse .....	30
Staff In-service Education.....	30
Physical Education .....	31
Parents as Teachers Program .....	31
<b>CHAPTER 4 - IMMUNIZATIONS .....</b>	<b>32</b>
Procedure for Immunization Follow-Up.....	32
<b>CHAPTER 5 - FIRST AID AND EMERGENCY .....</b>	<b>34</b>
Student and Employee Emergency Forms .....	34

<b>Injury/Illness Procedure .....</b>	<b>34</b>
<b>Accident Reports .....</b>	<b>35</b>
<b>Eye Protection.....</b>	<b>35</b>
<b>Guidelines for Administration of First Aid .....</b>	<b>35</b>
<b>Cardio Pulmonary Resuscitation (C.P.R.) .....</b>	<b>35</b>
<b>Drug and Substance Abuse .....</b>	<b>36</b>
<b>Opioid Overdose - (When to Use Opioid Antagonists).....</b>	<b>36</b>
<b>Child Abuse and Neglect .....</b>	<b>37</b>
<b>Stings and Anaphylactic Shock - (When to use Adrenalin) .....</b>	<b>38</b>
<b>Asthma.....</b>	<b>40</b>
<b>First Aid Guidelines Playground/Lunch Supervisors/Volunteers.....</b>	<b>44</b>
<b>Emergency Triage Plan .....</b>	<b>45</b>
<b>Suggested Emergency Supplies.....</b>	<b>47</b>
 <b>CHAPTER 6 - MEDICATION POLICY .....</b>	 <b>51</b>
<b>Prescription Medication .....</b>	<b>51</b>
<b>Over-the-Counter Medication .....</b>	<b>51</b>
<b>Standing Orders and Protocols .....</b>	<b>51</b>
<b>Self-Administration of Medication .....</b>	<b>52</b>
<b>Parent/Guardian Administration.....</b>	<b>52</b>
<b>Injectable Medication .....</b>	<b>52</b>
<b>Medication Administration by Unlicensed Personnel.....</b>	<b>52</b>
<b>Storage and Documentation.....</b>	<b>53</b>
<b>Medication Administration on Field Trips.....</b>	<b>53</b>
 <b>CHAPTER 7 – INFECTION CONTROL.....</b>	 <b>54</b>
<b>Infection Control Procedures for Schools.....</b>	<b>54</b>
 <b>CHAPTER 8 - INDIVIDUAL HEALTH CARE PLAN.....</b>	 <b>62</b>
<b>Guidelines for Development of Individual Health Care Plans (IHP).....</b>	<b>62</b>
<b>Entrance Process for Students with Special Health Care Needs.....</b>	<b>62</b>

<b>Role of the School Nurse .....</b>	<b>62</b>
<b>Definitions.....</b>	<b>63</b>
<b>Diabetes.....</b>	<b>63</b>
<b>Seizures .....</b>	<b>63</b>
<b>Sickle Cell.....</b>	<b>63</b>
<b>Seizure Recognition and First Aid .....</b>	<b>63</b>
<b>CHAPTER 9 - RECORD KEEPING.....</b>	<b>64</b>
<b>General Information .....</b>	<b>64</b>
<b>Student Master List .....</b>	<b>64</b>
<b>Student Health Record Transactions .....</b>	<b>64</b>
<b>Employee Health Record .....</b>	<b>65</b>
<b>Student Emergency “Disaster” List.....</b>	<b>65</b>
<b>Student Health Record Confidentiality .....</b>	<b>65</b>
<b>Record Retention.....</b>	<b>66</b>
<b>Guidelines For Documentation Of Health Room Visits.....</b>	<b>66</b>
<b>CHAPTER 10 - RESOURCE INFORMATION.....</b>	<b>68</b>
<b>APPENDIX</b>	

## Chapter 1 Introduction to School Health Services

### 1. Philosophy

Every child is entitled to educational opportunities that will allow him or her to reach their full potential as an individual and to prepare him or her for responsibilities as a citizen. Every child is entitled to a level of health which permits maximum utilization of educational opportunities. Sikeston R-6 pledges to provide a health program that will promote and protect the health of its children and youth to allow them to reach their full educational potential.

The school nurse will facilitate the educational process by identifying, modifying or remediating health-related barriers to learning for individual students and promoting the optimal wellness for all students and staff. The school nurse assumes the responsibility for appropriate assessment, nursing diagnosis, outcome identification, planning, implementation, evaluation and management or referral of student health needs. The school nurse also serves as a direct link between physicians, families and community agencies to assure access and continuity of health care to students and staff. The school nurse will uphold professional standards, the state Nurse Practice Act, and other state and local statutes and regulations applicable to school nursing practice and adheres to district policies and administrative guidelines.

### 2. Goals and Objectives

<b>Health Office Management Goal</b>		
The District will provide effective management of the school health services program.		
<b>Objective</b>	<b>Activities</b>	<b>Evaluation</b>
Continuing review of the effectiveness of the school health office management.	Continuing review and assessment of forms to determine effectiveness.	School health handbook revised 2022 with new forms developed or existing forms revised.
	Networking at district, state, and national nurse meetings to share ideas and gain new information.	Nurses have attended meetings with other school nurses and include supporting evidence of changes made.
	Continuing review and assessment of procedures for maintaining confidentiality of school health records and to determine effectiveness.	Policy for confidentiality was reviewed
Have trained non-licensed personnel in medication administration to assist in the absence of the nurse.	Provide medication administration training for non-licensed personnel.	Documentation of the review and written exam and skills.

<b>Health and Developmental Assessment Goal</b>		
The district will have a procedure to assess the health and developmental history of students.		
<b>Objective</b>	<b>Activities</b>	<b>Evaluation</b>
A comprehensive health record will be completed for 100% of all students.	The school nurse will review and revise health history forms to ensure comprehensiveness.	Documentation of review and revision process.
Health folders/records are stored in a file separate from the educational record for all students.	The nurse establishes procedures for access to health records.	Documentation of access to health records
Health information is entered into the SIS computer program on all students at the time of enrollment and updated at least annually.	The nurse enters immunizations and health data into the SIS program.	Documentation of immunization compliance and monthly clinic log per computer report.
Data from previous school year screenings will be utilized to determine priorities for screening in the next school year.	The nurse and other school personnel will analyze the percent of completed follow-up and the reasons for incomplete referrals.	Documentation regarding number of completed follow-ups and the reasons for incomplete referrals.

<b>Emergency Care and Illness Goal</b>		
The district will be able to respond to emergency illness and injury.		
<b>Objective</b>	<b>Activities</b>	<b>Evaluation</b>
Continue to prepare school staff to respond to emergencies.	Will conduct a survey to identify individuals trained in first aid and CPR.	A copy of the survey and the results of the survey will serve as documentation.
	Will facilitate training to school staff willing to participate in first aid and CPR.	Documentation of training schedule with numbers of school staff trained.
	All certified staff are trained in hands only CPR, use of AED, allergies/anaphylaxis and use of EpiPens, and diabetes basics.	Documentation of training schedule with numbers of school staff trained.
Information from injury reports will be used to make appropriate environmental changes to decrease potential for injury	The school nurse will identify environmental hazards based on the data.	Data from injury reports and the identified safety hazards will serve as documentation.
	Recommendations are given to building administrators.	Documentation of recommendations.
Provide medical attention and assessment for staff, students, and visitors who may have injured themselves.	Complete and monitor incident reports.	Documentation provided in the incident reports.

<b>Prevention and Control of Disease Goal</b>		
The district has effective methods in place to prevent and control communicable disease.		
<b>Objective</b>	<b>Activities</b>	<b>Evaluation</b>
Continue to educate school staff regarding blood borne pathogen precautions.	Will provide annual training in universal precautions for school staff.	Documentation of training.
All students will meet the school guidelines regarding immunization compliance at beginning of school year and for new enrollees throughout the school year.	Will review immunization status of all students at the beginning of the school year and upon enrollment.	Documentation will be per SIS immunization reports.
	Will maintain immunization records of students "in progress" and will exclude as appropriate if become non-compliant. Exempt students will have the appropriate exemption card on file in their health record.	Documentation will be per SIS immunization compliance reports.
Students with communicable disease will be excluded until documentation is provided meeting established school guidelines.	Will use guidelines established in the Health Services Handbook, Prevention and Control of Communicable Diseases, a guide for School Administrators, Nurses, Teachers and Child Care Providers, and other text for basis of exclusion.	Documentation provided by proof of treatment or physician (or other health care provider) excuse.

<b>Special Health Concerns Goal</b>		
The district will provide for students with special health concerns.		
<b>Objectives</b>	<b>Activities</b>	<b>Evaluation</b>
Action plans for students who have known potential for life threatening emergency will be completed by the end of the first two weeks of school. In some cases, students will not be allowed to attend school until an IHP is in place. An IHP from the prior school year may be used the first two weeks of school until reviewed and updated.	Will obtain a focused health history on the students and develop a plan in collaboration with the student, parent/guardian and physician, and update it at least annually and as needed.	Documentation of plans for students who have known potential for life threatening emergencies.
	Will educate the appropriate staff including transportation staff regarding emergency action plans.	Documentation of staff education.
	Will make substitute nurses aware of all special needs students and care required at school.	Documentation by substitute book of care plans and pertinent emergency information.
Students with asthma will have an asthma action plan on file in the health office.	Will identify students with asthma by reviewing the nurse permission forms for students indicating asthma as a health concern and by students with inhalers kept at school.	Documentation will be by asthma action plans on file.

<b>Health Counseling Goal</b> The district will provide resources for counseling students regarding health concerns.		
<b>Objectives</b>	<b>Activities</b>	<b>Evaluation</b>
Provide an avenue for students to access support services for students with health concerns.	The nurse, counselor, and social worker will assess the need for support groups on the various issues such as chronic illness,, diabetes, and asthma	Documentation of numbers of students who might need support groups.
	The nurse, counselor, and social worker will collaborate to facilitate the needed support group.	Schedule of support groups will serve as documentation.

<b>Worksite Wellness Goal</b> The district will encourage the staff and students to improve personal health.		
<b>Objectives</b>	<b>Activities</b>	<b>Evaluation</b>
Encourage staff participation in wellness activities.	Support and participate in the district's Staff Health and Self Care Committee.	Documentation of committee meetings.
	Provide a web page providing health and fitness information.	Documentation will be per viewing website.
	Provide students and staff with monthly health information through handouts, emails or bulletin board or in person presentations in every building.	Through feedback and documentation of information provided.
	Provide elementary students with educational programs on health provided the by Missouri Extension Office.	Through teacher feedback.



### 3. Cultural Diversity & Health Care

Source: Adapted from Kelley SJ, ed. *Pediatric Emergency Nursing*. 2<sup>nd</sup> ed. Norwalk: Appleton and Lange; 1994.

Region	Cultural Attitudes Toward Health and Medicine	Ethnic Susceptibilities	Social Organization	Communication /Interaction
<b>Asia</b> Including • China • Hawaii • Philippines • Korea • Japan • Laos • Cambodia • Vietnam	Traditional beliefs, traditional medicine • Health is seen as a balance of yin and yang • Preventive measures: diet, exercise, amulets, religion, ancestors • Treatment: diet to balance yin and yang • Traditional healers: Chinese physician, herbalist, acupuncturist	Hepatic and stomach cancer, coccidioidomycosis, hypertension, lactose intolerance	Hierarchical family structure • Devoted to tradition • Religions include Taoism, Buddhism, Islam, Christianity • Stress social organizations, community	Languages include Cantonese, Pidgin, Tagalog, Korean, Haragei, French • Physical contact is avoided
<b>Africa</b> Including • Numerous African countries • West Indies • Dominican Republic • Haiti •Jamaica	Traditional beliefs, folk medicine •Health is seen as harmony with nature • Preventive measures: talismans, voodoo, religion, avoiding evil spirits • Treatment: prayer, laying on of hands, traditional remedies • Traditional healers: minister or priest, voodoo practitioner	Sickle cell anemia, hypertension, esophageal and stomach cancer, coccidioidomycosis, lactose intolerance	Many single-parent, female heads of household • Large extended families • Church strongly affiliated with community • Stress social organizations	Languages include Pidgin, Creole, Spanish, French, dialects • May stand very close
<b>Europe</b> Including • Germany • England • Italy • Ireland • other European countries	Modern or traditional beliefs, some folk medicine • Health is seen as physical wellness • Preventive measures: faith, cleanliness, amulets, prayer • Treatment measures: faith, prayer, homeopathic remedies, herbal teas • Traditional healers: priest or other religious leader	Breast cancer, heart disease, diabetes, thalassemia	Nuclear and extended families • Judeo-Christian religions • Stress community and social organizations	Many national languages; English is widely spoken • Physical contact generally avoided; less so in southern countries
<b>North America</b> Including • 170 Native American tribes • Aleuts • Eskimos	Traditional beliefs, folk medicine • Health is seen as harmony with nature • Preventive measures: avoiding witches, respecting the earth • Treatment: restoration of body's balance, conjuring, stargazing, sand paintings • Traditional healers: medicine man, powwow person	Unintentional injury, heart disease, cirrhosis, diabetes	Family-oriented • Biologic and extended families • Respect for traditions • Stress social organizations	Tribal languages, silence, body language • Physical space is important and has no boundaries
<b>Hispanic countries</b> Including • Spain • Cuba • Mexico • Central and South America	Traditional beliefs, folk medicine • Health is seen as reward for good behavior, balance of hot and cold • Preventive measures: diet, candles, amulets, avoiding harmful people • Treatment: restoring balance of hot and cold, herbal teas, prayer, faith • Traditional healers: herbalist, <i>curandero</i> , <i>santero</i>	Diabetes, parasites, coccidioidomycosis, lactose intolerance	Nuclear and extended families • Compadrazo (godparents) • Stress community organizations	Languages include Spanish, Portuguese, dialects, Relationships are tactile: touch, handshake, embracing

#### **4. Staff Information**

##### **A. Staff Meetings**

Nurse Staff meetings are held throughout the school year. Each nurse is expected to attend these meetings unless she is involved with an emergency. In addition, nurses are expected to attend their own school staff meetings.

##### **B. In-service/Professional Development**

Continuing Education is encouraged by Sikeston Public Schools administration. The meeting/conference is to be approved by the Unit Administrator and the Health Services Coordinator. District professional development activities are provided on an annual basis. Membership and participation in professional organizations for school nurses is encouraged.

##### **C. Reports**

All nurses will prepare the following reports for the Health Services Coordinator:

- *Monthly Report* - Due by the 10<sup>th</sup> of each month.
- *CD 31 Report* - Due on October 10<sup>th</sup> specified by Coordinator (Immunization Report).
- *Year End Report* - a statistical report due during the last week of school.

##### **D. Workers' Compensation Referrals**

The school nurse will fill out the appropriate Workmen's Compensation Form for all staff injuries. She assists employees by making the initial assessment and treatment. All workmen's compensation appointments must be made through Central Office.

##### **E. Performance Evaluations**

Nurses will be evaluated by their principals and Coordinator of Health Services annually. Nurses are evaluated on the following areas: Quality of work, Actual Work/Time Utilization, Work Habits/Safety, Interest/Achievement, Adaptability, Neatness, Personal Appearance, Working with Others, Public Relations, Cooperation with Principals, and Monitors Records and Student Health.

##### **F. 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 and administrators in scheduling health instruction, screenings, health fairs, etc. at times that minimize classroom disruption.

##### **G. Nurse as a Resource Person**

The school nurse is frequently regarded as a resource person for faculty and staff concerning personal health matters. This service may be sought out by faculty and staff or initiated by the school nurse. Areas of involvement may include (but are not limited to):

- Blood pressure monitoring
- Interpretation of medication indications and side effects
- Referral to community resources, including physicians
- Weight Control, informal groups and/or literature
- Family planning information and resources
- General Health Counseling
- Cancer Screening programs such as Breast Self-Exam or on Smoking Cessation

## **H. Community-School Nurse Relationships**

The school nurse may be asked to speak at PTO meetings as well as other community meetings during the year. These requests should be honored, if possible. Participation in health related community events is encouraged.

## **I. Confidentiality**

At all times the school nurse maintains professional confidentiality.

## **J. Supervision of Student Nurses**

Sikeston Public Schools has an agreement with area nursing programs that permit the use of the public schools as a clinical experience for their students.

Each student will be assigned to work with one school nurse. The school nurse should discuss the arrangement with the principal and secure his/her approval.

*Responsibilities of the school nurse toward the student:*

- Orient the student to general policies and procedures of Health Services.
- Familiarize the student with the school principal, faculty and physical plant of the target school.
- Provide the student with information concerning specific building procedures (Arrival/dismissal times, absenteeism, and dismissal policy).
- Provide school nurse experience according to clinical guidelines provided by nursing instructor. Amount of supervision needed, will vary and will be agreed upon by school nurse, student and instructor.
- Provide evaluation of the student per request of the nursing instructor.

*Responsibilities of the student nurse or health occupation student toward the school and school nurse:*

- Follow Health Services and General School Guidelines at all times.
- Notify school and school nurse if schedule is to be altered.
- Complete termination process with students and families where in-depth involvement has occurred.

## **K. Absenteeism**

Sikeston R-6 professional staff receives eleven days of paid time off (PTO) per year.

**Sick Day:** If a substitute is needed for sick leave, please notify the Health Services Coordinator the night before if possible, but no later than 6:45 a.m. the morning of the absence. Building Administrator should be notified as well.

**Planned Absence Day:** Schedule planned absences through Health Services Coordinator and Building Administrator and submit into Frontline Absence Management portal at least one week prior to absence. Substitutes are limited and your request may be denied if prior notification of at least one week is not given.

### *Substitute Books*

At the beginning of the school year the school nurse will prepare a sub-notebook that contains the following information for the substitute nurse:

- Time schedule of the day (start, lunch shifts, breaks, bus dismissal, end of day).
- How the phone works and extension numbers that may be needed.
- Where your procedures are written (Health Services Manual).
- Location and security for medications and supplies.
- Where to turn in the keys at the end of the day.
- Floor plan of the school with teacher classrooms marked.
- What students have high-risk issues and copies of their IHPs and emergency action plans.
- Chain of command you follow.
- Protocol for a common visit to the nurse?
- Standing Orders.
- A list of teacher names and student rosters (keep updated with new enrollees).
- How the intercom works.
- Resources (pharmacy drug books, etc.) that is available.
- Copies of nurse forms.

## **L. Staff Assignments**

Kindergarten:	Daun Brewer, RN
Lee Hunter:	Kaitlyn Byrd, LPN
Wing:	Kalena Gaines, BSN Linda Williamson, BSN
Southeast:	Malachiah Campbell, MSN
Alternative:	Kaleigh Merideth, BSN (Nurse Coordinator)
Middle School:	Morgan Bell, RN
Junior High:	Candace Sutton, BSN
Senior High:	Leslie Sisk, MSN

## 5. Calendar of Events

<b>July</b>				
<b>All</b>	<b>Kindergarten/Pre-school</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
	With the help of the school secretary, check student records and send letters to all students still needing birth certificates, social security cards, immunization records and power of attorney and custody papers.			Prepare nurse schedule for August. Prepare training materials for staff. Prepare for orientation and staff meetings. Pick up and distribute supplies to all health offices. Send text for immunization reminder.

<b>August</b>				
<b>All</b>	<b>Kindergarten/ Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Assist with employee health fair.  Prepare health office and order supplies.  BP on medication students.	Late Kindergarten screening day; collect health data for late enrollees and check immunization records. Give medication administration policy to parents at screening.	Check immunization records.  Assist nurse at scheduled book check out days.	Check immunization records. Send letters to students still needing immunizations.	Review and have signed appropriate standing orders/ protocols.

<b>August</b>				
<b>All</b>	<b>Kindergarten/ Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
<p>Collect and analyze student health information and prepare preliminary health concern list and keep updated throughout school year. Update IHP's.</p> <p>Train appropriate staff in medication administration and emergency action plans.</p>	Assist nurse at scheduled book check out days.	Send home Health Information Forms for those that are not completed online. Send home Medication Administration policy.	<p>Attend book check out for all grades:</p> <p>Students will not receive schedules or books unless immunizations are current.</p> <p>Distribute appropriate emergency action plan forms to parents.</p> <p>Review and update healthcare plans with parents.</p> <p>Immunization clinics and vision screenings held for appropriate grade levels.</p>	<p>Disseminate health fair information to staff.</p> <p>Assist nurses at scheduled book check out days.</p>
Review emergency plans. Check emergency first-aid supplies; restock as needed.	Contact parents regarding health concerns and documentation needed.	Middle School begin 5 <sup>th</sup> grade vision screenings at open house.	7 <sup>th</sup> grade- Vision 8 <sup>th</sup> grade- Vaccines 12 <sup>th</sup> grade - Vaccines	Review accident reports as needed.
Prepare Medication and Treatment Records; get parent signature.		Contact parents regarding health concerns and documentation needed.		Review care plans (IHP's) and emergency actions plans for all special needs students.
Execute exclusion of students not in compliance with state immunization laws.				First Aid, CPR/AED training for coaching staff.
Review Health Information Forms as they are returned. Send home appropriate questionnaire and/or emergency action plan.				Schedule Flu Vaccine Clinic for staff.

<b>August</b>				
<b>All</b>	<b>Kindergarten/ Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Update staff health forms. Offer blood pressure screening for faculty.				Prepare Health Services Summary.
Building presentations for staff to include: Universal Precautions, Basic First Aid, Emergency Response, Allergy/Anaphylaxis and EpiPens, AED and Hands Only CPR Review, Nurse Office Protocol.				
Check expiration dates on stock medication.				
Bulletin Board: Immunization Awareness				
Monthly Report				

<b>September</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Completed IHPs to Coordinator.	Visit classrooms and introduce yourself to students.	Visit classrooms and introduce yourself to students.	Nurse permission forms for all vocational students.	Coordinate monthly nursing staff meeting and October in-service for nursing staff..
Preparation of state immunization form CD 31. Send to coordinator.	Seatbelt safety presentation for pre-school	Prepare health concerns list for teachers on an need to know basis.	Prepare health concerns list for teachers on an as-needed basis.	Prepare Health Services Summary.
Continue immunization surveillance and exclusion as necessary			Identify pregnant students for health monitoring and parenting class.	Disseminate information regarding flu vaccine clinics for staff.

<b>September</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Check earthquake supplies.				Follow up referrals from health fair.
Bulletin Board: Food & Nutrition Safety & Awareness				
Monthly Report		Vision for grades 1, 3, 5.	Vision for 7 <sup>th</sup> grade	

<b>October</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Continue immunization surveillance and exclusion as necessary.				Submit State Immunization Report CD 31.
Present to classrooms as time allows.				Coordinate monthly nursing staff meeting.
Order replacement earthquake supplies.				BLS Renewal for nursing staff 2021 and every 2 years.
Breast Cancer Awareness				Flu vaccine clinic for staff.
Bulletin Board: Halloween Safety				Prepare Health Services Summary.
Monthly Report				Submit BOE Program Evaluation Form to Central Office.

<b>November</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Continue immunization surveillance and exclusion as necessary.	Prepare list of students for Shoe Project. Assist as needed in fitting shoes.	Prepare list of students for Shoe Project. Assist as needed in fitting shoes.		Coordinate monthly nursing staff meeting.
Record screening information in permanent record.				Prepare Health Services Summary.



<b>November</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Monthly Report				Present at Board of Education meeting on behalf of Health Services.
Bulletin Board: Great American Smokeout				
Winter Illness Newsletter *See Appendix for Letter				

<b>December/January</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Prepare budget requests for next year.			Prepare first-aid programs or on other health related issues.	District Budget.
Earthquake supply check. Replace items as necessary.				Coordinate monthly nursing staff meeting.
Continue vision follow-up. Identify students that may need Lions Club referral.				Prepare ECE Birth to Four Years staffing schedule for screening in March.
Monthly Report  Attend Mo. Coordinated School Health Conference				Re-order supplies as needed for second semester.
December – Hand washing/Cold/Flu				Plan February in-service for Health Services Staff
January – Eye Care Awareness and Fitness				Prepare Health Services Summary.
Send out Winter Illness Letter				
Check expiration dates on stock medication				
Update health concern list				

<b>December/January</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Continue immunization surveillance and exclusion as necessary.				
Monthly Report				
Bulletin Board: Cold & Flu and/or Hand washing				

<b>February</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Heart Health	Preschool screening	Plan and implement dental programs.		Coordinate monthly nursing staff meeting.
Continue immunization surveillance and exclusion as necessary.	Dental Presentations in Kindergarten and Preschool Classrooms			Prepare Health Services Summary.
Monthly Report	Plan for ECE Birth to Four Year Screening.			Prepare nurse schedule for kindergarten screening.
Bulletin Board: Heart Health or Dental Health				

<b>March</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Continue immunization surveillance and exclusion as necessary.	Present health program and immunization information at Kindergarten Round-up.	Scoliosis Screening for Girls 4 <sup>th</sup> & 6 <sup>th</sup> grade and Boys 5 <sup>th</sup> grade	Scoliosis Screening for Boys in 7 <sup>th</sup> grade	Coordinate monthly nursing staff meeting.
Monthly Report	Birth to Four Year Screening.			Prepare Health Services Summary.
Nutrition Awareness for Students	Poison Control program for Pre-school.			Prepare nurse schedule for late Kindergarten screening in April.
Colon Cancer Awareness for Staff	Plan for Kindergarten Screening in April.			
Bulletin Board: Nutrition				

<b>April</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Continue immunization surveillance and exclusion as necessary.	Kindergarten Screening: Send home medication administration policy with parents.	Classroom presentation on "Growing-Up" to 4 <sup>th</sup> grades.	Review files for TDap and MCV boosters and send letters as needed.	Coordinate monthly nursing staff meeting.
MASN Spring Conference				
First Aid / Bike Safety / Sun Safety / Skin Cancer presentations for Staff/Students	Prepare list of students with special needs for next year.	Follow-up on scoliosis referrals; complete school scoliosis report. Send to coordinator.	Follow-up on scoliosis referrals; Complete school scoliosis report. Send to coordinator	Prepare supply order sheets for nursing staff.
Monthly Report				Prepare Health Services Summary.
Bulletin Board: Sun Safety or Bike Safety				

<b>May</b>				
<b>All</b>	<b>Kindergarten/Pre-School</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
Pack office supplies for summer storage.	Bicycle Safety presentation as time permits	Prepare records for transfer to Middle School. Notify Middle School nurse of any students with special needs.	Immunization letters to all students needing TDap and MCV boosters for Jr. High due June thru September. Prepare list of students needing boosters moving to Senior High.	Prepare purchase orders for next year.
Arrange for parents to pick up medication.	Prepare records for transfer to elementary school. Send current IHPs. Notify appropriate nurse.	Final recording.	Final recording.	Prepare Health Services Summary.
Plan to attend summer	Final recording.		Notify nurse at JHS or SHS	Evaluation of district goals.

conference or workshop. (NASN Conference / Health Office Orientation)			of students with special needs. Prepare records for transfer to new building.	
Continue immunization surveillance and exclusion as necessary.			Drinking & Driving Under the Influence	
Monthly & Yearly Report			Send letters to seniors for second MCV vaccine.	
Bulletin Board: Bike Safety or Alcohol Awareness				
<b>June</b>				
<b>All</b>	<b>Kindergarten/Preschool</b>	<b>Elementary</b>	<b>Secondary</b>	<b>Coordinator</b>
				Update Health Services Manual.
				Order Supplies.
				Coordinate Employee Health Fair.

## Chapter 2 Health Assessments

### 1. Vision Screening

#### Guidelines for Vision Screening – Developed by the MO Dept of Health & Senior Services

CLASSIFICATIONS OF VISUAL FUNCTION	
Acuity	Effects/Educational Implications
Normal Vision	
20/12	<ul style="list-style-type: none"><li>No educational implications.</li><li>20/20 is fraction for normal vision; healthy people generally average better than 20/20.</li></ul>
20/15	
20/20	
20/25	
Near Normal Vision	
20/30	<ul style="list-style-type: none"><li>20/30 discriminates print used in want ads.</li><li>20/40 minimum acuity many states require for driver's license.</li><li>20/50 can read newsprint: Children with 20/50 can easily read telephone book.</li></ul>
20/40	
20/50	
20/60	
Moderate Low Vision	
20/70	<ul style="list-style-type: none"><li>20/70 considered partially sighted in United States after best correction; meets eligibility requirements for some services.</li><li>20/100 is able to read print of children's book, has problems seeing details, and reads at distance less than 10 feet.</li><li>Reading aids or magnifier generally provide adequate reading speed.</li></ul>
20/80	
20/100	
20/125	
20/160	
Severe Low Vision	
20/200	<ul style="list-style-type: none"><li>In United States, 20/200 is the arbitrary delineation for legal blindness after correction in better eye or visual field is no larger than 20E.</li><li>Gross orientation and mobility are usually adequate.</li><li>Difficulty seeing traffic signs and numbers on buses.</li><li>Requires high-poser magnifiers for reading and/or short reading distance (4 in. to 2 ft.) Reading speed and endurance reduced. Individuals qualify for tax deduction, rehabilitation services, and numerous other types of assistance.</li></ul>
20/250	
20/300	
20/400	
Count finger (CF) 10 ft	
Profound Low Vision	
20/400	<ul style="list-style-type: none"><li>Numerous problems with visual orientation and mobility.</li><li>White cane useful.</li><li>Motivated and persistent individuals can read visually with high-power magnifiers; others rely on non-visual methods like Braille, radio, talking books.</li></ul>
Count finger 8 ft	
20/1000	
Count finger 4 ft	
Near Blindness	
Count fingers 3 ft.	<ul style="list-style-type: none"><li>Has light perception but vision unreliable.</li><li>Relies on non-visual aids.</li></ul>
Light perception (LP)	
Total Blindness	
No light perception (NLP)	<ul style="list-style-type: none"><li>No light perception and relies totally on other sensory input.</li></ul>

**Vision Screening  
Suggested Modifications for Classroom Teachers  
(For Vision-Impaired Children)**

1. Preferential seating (usually front row)
2. "Roaming privileges" for closer viewing of board, demonstrations, etc.
3. Watch glare from window, on board, also, do not stand in front of windows while lecturing, giving demonstrations, etc.
4. Allow front row seating at assemblies, plays, etc. with a friend, if student desires.
5. Note-taking
6. Have student Xerox notes of another student (or carbon)
7. Xerox teacher's notes before lecture (overhead transparencies make good copies, too)
8. Use large print materials, when available (these can be made if enough lead time is given)
9. Tests - 1½ times is allowed by state law for Regents.
10. Similar modifications can be made by classroom teachers for tests.
11. Teachers may wish to send student to resource room to have resource teacher assist in administration of tests, e.g. teacher will read longer portions of test to lessen fatigue
12. Math: watch for visual errors, as opposed to mathematical errors, e.g. student may misread a 3 for an 8, or student may reverse order of numbers or misalign columns in computation
13. Lab work: pair student with normally sighted, good student
14. When in doubt about whether student can see something, ask for performance, rather than "can you see this".
15. Physical education: games involving moving balls may present problems. Balls can be colored or striped with iridescent tape or paint
16. Watch for sensitivity to glare and brightness in outdoor activities, especially on bright days
17. Be sure student has access to all information presented to rest of class through posters, bulletin boards, charts, etc.
18. Contact teacher of visually impaired any time there is a concern or question, or you notice student experiencing frustration

**See Appendix**

*Vision Observation Checklist*

*Vision Examination – 1<sup>st</sup> Notification*

*Vision Examination – 2<sup>nd</sup> Notification*

*Application for Eye Health Care (Lions Club)*

## VISION SCREENING

### Common Terms

#### Abbreviations

O.D. = right eye (Oculus Dexter)

O.S. = left eye (Oculus Sinister)

O.U. = both eyes (Oculus Units)

Accommodation	The adjustment of the eyes for near vision (pupils constrict converge and the lens increases in convexity (it bulges)
Amblyopia	Depressed vision
Astigmatism	Abnormal curvature
Blepharitis	Inflammation of the glands and lash follicles along the margin of the eyelids (itching, burning, photophobia, mucus discharge, crusted eyelids, and loss of lashes)
Cataract	Opacity of the lens of the eye or its capsule
Chalazion	A small eyelid mass resulting from chronic inflammation of a Meibomian gland which is a sebaceous follicle of the eyelid also known as meibomian cyst
Coloboma	Keyhole like notch of the pupil, iris, or eyelid, usually due to failure of a part of the fetal tissue to close - little if anything can be done about it
Converge	Ability for two lines of sight to have coordinated inclination towards their common point of fixation
Diplopia	Double vision
Ectropia	A drooping of the lower lid so there is not absolute closing (need eye drops due to resultant dryness or conjunctiva)
Epicanthal Fold	A vertical fold of skin on either side of the nose, e.g., oriental race
E.O.M.	Extra Ocular Movement
Hordeolum	Sty (it is on the eyelid) - an inflammation of one or more sebaceous glands
Hyperopia	Far sightedness
Myopia	Near sightedness
Perrla	Pupils equal, round, reactive to light and accommodate
<u>Direct</u>	The eye into which you are shining the light
<u>Consensual</u>	The eye on the other side
Phoria	Any tendency to deviation of the eyes from the normal when fusional stimuli are absent or fusion is otherwise prevented

Test for with cover/uncover test

Esophoria - inward turning of the eye in the absence of visual fusional stimuli

Exophoria - outward turning of the eye in the absence of visual fusional stimuli

Presbyopia	Difficulty with near vision (poor elasticity of the muscles - part of aging) - loss of near upper eyelid - may cover the pupil
Red Reflex	When one uses a light, the clear round circle reflection that shows you there is no opacity between you and retina
Strabismus	Crossed eyes - squint
Tropia	A manifest deviation of an eye from the normal position when both eyes are opened and uncovered
<u>Esotropia</u>	"onvergent strabismus" - abnormal turning in of one eye
<u>Exotropia</u>	"divergent strabismus or wall eye" - an abnormal turning outward of one eye
Periorbital Cellulitis (Eye Socket)	Red, swollen eye with fever and generalized illness - <u>life threatening</u>
Uveitis	Inflammation of a layer of blood vessels in the pigmented portion of the eye - Can be caused by disease, injury, or chemical substances

## 2. Hearing

Selected Abnormalities Seen On Otoscope		
Findings	Interpretation	Examples
Bright Red Drum	Inflammation	Acute Middle Ear Infection (Otitis Media)
Yellowish Drum	Pus or Serum Behind Drum	Acute or Chronic Otitis Media
Bluish Drum	Blood Behind Drum	Trauma
Bubbles Behind Drum	Serous Fluid in Middle Ear	Chronic Otitis Media
Absent or Diminished Landmarks	Thickening of Drum	Chronic Otitis Media or Otitis Externa
Absent Light Reflex	Bulging Drum	Acute Otitis Media
Oval Dark Area	Perforation	Recent or Old Rupture of Drum
Prominent Malleus	Retraction of Drum	Obstruction of Eustachian Tube

Taken from Sherman and Fields, Guide to Patient Evaluation (1976), p. 95

**See Appendix**  
*Hearing Screening*



### **3. Spinal Screening**

#### **See Appendix**

*Spinal Screening Form*

*Spinal Screening Annual Report*

### **4. Blood Pressure Screening**

Performed on a referral basis.

#### **A. Referral and Follow-up**

- Measure blood pressure accurately with appropriate, well-maintained equipment. Recheck any students whose BP measures between the 90<sup>th</sup> percentile, adjusted for height and weight. Three rechecks should be done on three different occasions. Any symptomatic student or student at the 99<sup>th</sup> percentile or higher should be referred immediately. (See Blood Pressure Screening, Referral and Follow-up Chart).
- If the student's BP falls below the 90<sup>th</sup> percentile in subsequent measurements, recheck the BP at least every 6 months.

#### **B. Recording Results**

Record on student's health record using age specific percentile guidelines.

#### **C. Related Materials**

- Normal Blood Pressure Readings for girls.
- Normal Blood Pressure Reading for boys.
- Blood Pressure Screening, Referral and Follow-up Chart.
- Blood Pressure Screening Referral Letter

#### **See Appendix**

*Blood Pressure Screening Referral*

### Normal Blood Pressure Readings for Children

-----Girls-----

Systolic Blood Pressure Percentile						Diastolic Blood Pressure Percentile					
Age	5 <sup>th</sup>	10 <sup>th</sup>	50 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>	Age	5 <sup>th</sup>	10 <sup>th</sup>	50 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
1	72	76	91	105	110	1	38	41	54	67	71
2	71	76	90	105	109	2	40	43	56	69	73
3	72	76	91	106	110	3	40	43	56	69	73
4	73	78	92	107	111	4	40	43	56	69	73
5	75	79	94	109	113	5	40	43	56	69	73
6	77	81	96	111	115	6	40	44	57	70	74
7	78	83	97	112	116	7	41	45	58	71	75
8	80	84	99	114	118	8	43	46	59	72	76
9	81	86	100	115	119	9	44	48	61	74	77
10	83	87	102	117	121	10	46	49	62	75	79
11	86	90	105	119	123	11	47	51	64	77	81
12	88	92	107	122	126	12	49	53	66	78	82
13	90	94	109	124	128	13	46	50	64	78	82
14	92	96	110	125	129	14	49	53	67	81	85
15	93	97	111	126	130	15	49	53	67	82	86
16	93	97	112	127	131	16	49	53	67	81	85
17	93	98	112	127	131	17	48	52	66	80	84
18	94	98	112	127	131	18	48	52	66	80	84

### Normal Blood Pressure Readings for Children

-----Boys-----

Systolic Blood Pressure Percentile						Diastolic Blood Pressure Percentile					
Age	5 <sup>th</sup>	10 <sup>th</sup>	50 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>	Age	5 <sup>th</sup>	10 <sup>th</sup>	50 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
1	71	76	90	105	109	1	39	43	56	69	73
2	72	76	91	106	110	2	39	43	56	68	72
3	73	77	92	107	111	3	39	42	55	68	72
4	74	79	93	108	112	4	39	43	56	69	72
5	76	80	95	109	113	5	40	43	56	69	73
6	77	81	96	111	115	6	41	44	57	70	74
7	78	83	97	112	116	7	42	45	58	71	75
8	80	84	99	114	118	8	43	47	60	73	76
9	82	86	101	115	120	9	44	48	61	74	78
10	84	88	102	117	121	10	45	49	62	75	79
11	86	90	105	119	123	11	47	50	63	76	80
12	88	92	107	121	126	12	48	51	64	77	81
13	90	94	109	124	128	13	45	49	63	77	81
14	93	97	112	126	131	14	46	50	64	78	82
15	95	99	114	129	133	15	47	51	65	79	83
16	98	102	117	131	136	16	49	53	67	81	85
17	100	104	119	134	138	17	51	55	69	83	87
18	102	106	121	136	140	18	52	56	70	84	88

### Normal Heart Rates for Infants and Children

Age	Resting (Awake)	Resting (Sleeping)	Exercise (Fever)
Newborn	100-180	80-160	Up to 220
1 week to 3 months	100-220	80-200	Up to 220
3 months to 2 years	80-150	70-120	Up to 200
2 years to 10 years	70-110	60-90	Up to 200
10 years to adult	55-90	50-90	Up to 200

### Normal Respiratory Rates for Children

Age	Rate
Newborn	35
1 month to 11 months	30
2 years	25
4 years	23
6 years	21
8 years	20
10 years	19
12 years	19
14 years	19
16 years	17
18 years	16-18

## **5. Dental and Oral Screening**

Performed annually on all pre-school and kindergarten students. Elementary students are screened based on referral. Elementary schools also participate in Big Smiles Mobile Dental Clinic every six months. This includes screening, cleaning, x-rays, fillings and sealants.

### **A. Objectives of the oral screening program:**

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

### **B. Equipment/ Materials:**

- flashlight
- gloves
- tongue blades

### **C. Preparation:**

- Arrange for screening with principal and teachers. May be done in classroom or during PE class, or in conjunction with health fairs.
- Gather equipment and materials needed.

### **D. Screening:**

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

- Evidence of dental caries
- Broken or chipped teeth
- Gross malocclusion
- Infection or swelling
- Bleeding or inflamed gums
- Changes in color, texture, position of gums, tissue
- Poor oral hygiene, bad mouth odor

### **E. Referral and Follow-up:**

- Send results of screening to parent of any student with gross dental or oral problems who is not receiving routine professional care.
- If parents have not responded in a reasonable amount of time, send a reminder.

### **F. Recording:**

On permanent health record note date and need for referral.

### **G. Reference Guide:**

Dental Health Guide for School Nurses: Missouri Department of Health

## **See Appendix**

*Voluntary Dental Examination*

## 6. Early Childhood Screening

### A. Objectives:

- To detect children, birth to 4 years, with developmental delays at a young age and assess what steps can be taken to help these children achieve to their highest potential.
- Obtain health information and assess immunization status.
- To determine whether a child qualifies for Sikeston Public Schools Early Childhood Program.
- To become aware of students with possible health care problems that will be enrolled in the SPS Early Childhood Program.

### B. Materials:

- Student Health Questionnaire and Annual Screening Summary.
- Immunization Schedule
- Immunization record
- Health Department Immunization Clinic hours
- Snellen Symbol Chart
- Eye cover
- Pen lights
- Tongue depressors

### C. Preparation and Procedure:

- Review immunization records and discuss with parent/guardian.
- Review medical history and discuss management of special health problems. Be sure health history section on the form is completed and names of the student's physician and dentist are included.

### D. Follow-up for students enrolling in the SPS Early Childhood Program:

- Before school starts the school nurse will review the records of all students and mail out letters to parents of students who still need birth certificates, immunizations, and social security cards (optional) on file.
- The school nurse will obtain medical records release signed by the parent/guardian and obtain any information from the student's physician that will be helpful in writing an individualized health care plan for every student having special health care needs.
- A health care plan will be written on any student requiring special health care needs. A copy of the IHCP will be reviewed with the student's teacher by the school nurse after the parent/guardian and physician have approved it.

### **See Appendix**

*Early Childhood Screening*

## 7. Kindergarten Screening

### **See Appendix**

*Kindergarten Summary Screening Record*

## **Chapter 3**

### **Health Education**

Health Education is one of eight components of the “Coordinated School Health Program”. Health Education relating to school nursing practice encompasses direct health teaching and the provision of health information to others. This includes individual and group counseling on physical, social, and mental health of students, collaborating with others regarding the curriculum classroom instruction as well as parents and teachers.

#### **1. Health and Drug Education Curriculum**

The Director of Curriculum is responsible for the development of the curriculum and providing in-service training to the teachers regarding the curriculum.

Specific goals and objectives for the K-12 health and drug education curriculum are found in the Instructional Management System for Health and Drug Education.

#### **2. Role of the School Nurse**

School nurses can play a vital role in Comprehensive School Health Education by:

- A. Establishing health resource files.
- B. Promote special health promotion observances.
- C. Participate on health curriculum committees.
- D. Support and reinforce health instruction goals and objectives.
- E. Act as a resource to classroom teachers as a presenter on health-related subject matter. Content and teaching strategies should be discussed with classroom teacher prior to nurse’s presentation and teacher should be present during the presentation.

- Kindergarten (Grades Pre-K – K)

The Kindergarten nurse will present programs to the students on safety, dental care, and hand washing. Monthly bulletin boards with health issues for both staff and students.

- Elementary (Grades 1 – 5)

Elementary nurses will present programs on dental health, and personal hygiene/hand washing to all students and puberty to all 4<sup>th</sup> graders. Other programs such as safety (playground/water/bicycle, etc.), drug and alcohol education, tobacco use, nutrition and sun sense as time permits. Monthly bulletin boards with health issues for staff and students.

- Middle School and Junior High

Middle School and Junior High school nurses promote health education on an individual basis through informal discussion and health counseling and/or through a school wide health fair. Monthly bulletin boards presented for staff and students on health issues.

- Senior High School

The Senior High School nurse presents programs on first-aid, CPR and AED training. Health education is also promoted on an individual basis through informal discussion and health counseling or through a school wide health fair. Monthly bulletin boards presented for staff and students on health issues.

#### **3. Staff In-service Education**

School nurses can assist teachers as needed and serve as a resource. To be effective in this role, the school nurse should be informed and knowledgeable concerning current health information.

The school nurse will review the following with all building staff on an annual basis:

- A. Proper handling and disposing of all blood, body fluids and sharp objects that have come in contact with those fluids. (Universal Precautions)
- B. Heimlich maneuver.
- C. Anaphylaxis- use of Epi-pen and Auvi-q

- D. Hands on CPR- Use of AED
- E. Epilepsy and seizure first aid

Special procedures or care required for students with health concerns.

#### **4. Physical Education**

Physical Education is an important component of the Coordinated School Health Program. The school nurse is an advocate for coordinated school health and works closely with the student who may have physical limitations or health concerns that may interfere with participation in regular physical education.

The secondary student with a temporary health concern may be excused from participating in P.E. by the nurse, with a note from the parent, for a period of one day without a physician's statement. It is important for the student to be involved in the class at some level during the time of impairment and may be asked to do an additional written assignment at the discretion of the P.E. teacher.

After one day, a physician's order is required for continued excuse from class. Pregnant students taking physical education must have a pregnancy confirmation and physical education activity permit on file.

#### **5. Parents as Teachers Program**

The goal of Sikeston Public Schools Teen Program is to encourage mothers to continue their education and to provide support, help, guidance, and information that will empower them to be the best parent they can be.

Parents as Teachers offers two voluntary teen programs at the Senior High School during the school year for any pregnant or parenting teen. Classes meet twice a month at the senior high during 6<sup>th</sup> hour. A parent educator(s) leads the class in discussion and/or teaching of childbirth topics such as:

- A. The development of the fetus
- B. Importance of prenatal care
- C. Proper nutrition
- D. Expectations of childbirth

Also covered are videos on the following subjects:

- A. Nutrition
- B. Bodily changes
- C. A live birth
- D. C-section

All of the videos use teen moms and dads. A discussion follows the viewing.

Other weeks, the class focuses on parenting issues. Age appropriate developmental information is presented to help educate and empower the mothers. Home visits are also offered on an elective basis and a pizza party is planned twice a year for the teen moms to socialize and bring their children. Teen parents are also highly encouraged to participate in the Birth-four screening offered every March through Sikeston Public Schools.

### **See Appendix**

*Health Education Form*

## **Chapter 4**

### **Immunizations**

All students attending Sikeston Public Schools shall be in compliance with state laws and regulations requiring immunizations.

The parents or guardians of each student entering the school district shall furnish satisfactory proof that the student has been adequately immunized, or that the immunization process has begun.

No student may attend school in the district unless the student has been satisfactorily immunized or unless the parents/guardians have signed and placed on file with the school administrator a statement of exemption because of religious beliefs or medical contraindications. A physician's statement will be provided if the reason for exemption is a medical contraindication. Failure to comply with this legal requirement will result in the student's exclusion from school until proof of compliance has been presented to the district.

If the student provides evidence of having begun the process of immunization, he or she may continue to attend school as long as the process is proceeding.

Homeless children are the only exception, and are allowed a 30-day period in which to provide proof of compliance.

The Sikeston Public Schools Health Services Department shall keep complete immunization records of each pupil in the system, and shall complete the necessary immunization reports (CD-31) filed each year with the Missouri Department of Health.

#### **Procedure for Immunization Follow-Up**

##### **1. Fall**

The school nurse will check all immunization records at least two weeks prior to the first day of school. Notification letters will be sent to the parents of all students needing immunizations informing them of the required immunization(s) and the date and time of the Scott County Health Department immunization clinics. Parents must be made aware that:

- A. Students will not be allowed to start school without being in compliance.
- B. Proof of immunization must be provided.

The Middle, Junior and Senior High nurses will attend book check out days. Students who are in non-compliance will not be allowed to receive their schedule or books without providing proof of immunization. This includes students that were due for boosters during the summer. The TDap and Meningococcal vaccine is due the beginning of the 8<sup>th</sup> grade year of school, and two doses of Meningococcal vaccine for seniors.

Hepatitis B shots must be taken on schedule and students will not be allowed to start unless each shot is current and they can attend as being in progress. Those students *due* for a second or third booster of the series must get their next shot before being allowed to pick up their books and schedule.

Each school nurse will enter immunization data into the SIS program on new students and update shots for existing students prior to the first day of school. Verification of immunization status may be obtained by running a shots compliance report through SIS. All nurses will run the report and follow up on students flagged for non-compliance prior to the first day of school to verify status, enter missed dates, etc. ALL STUDENTS MUST BE IN COMPLIANCE, OR THEY WILL BE EXCLUDED FROM SCHOOL.



Each school nurse will complete the CD-31 report for her school. The data from the report can be accessed through the medical records section of SIS. To run the report:

- A. Reports
- B. Medical
- C. State Compliance Reports
- D. Annual Immunization Summary Grid
- E. Start Report

The Coordinator of Health Services will complete and file the ASummary Report of the Immunization Status of Missouri Public, Private or Parochial School Children (CD 31) Immunization Report for the Sikeston R-VI School District by October 15<sup>th</sup> of each year.

## **2. Spring**

The Kindergarten nurse will monitor immunizations at Kindergarten Screening. Parents will be notified of any deficiencies at that time. Students will not complete the enrollment process until they are in compliance and/or in-progress. Birth Certificates, Social Security Cards, and Medicaid Cards (if appropriate) must also be provided.

Notices will be sent to all students needing Tdap and Meningococcal vaccine for 8<sup>th</sup> graders and seniors needing two doses of Meningococcal vaccine over the summer months through September.

## **3. Ongoing**

Continuously follow-up on students with immunizations that are in progress. Maintain a calendar for reminder of those students. Send reminder notices to parents. Make contact by phone if necessary.

Follow-up monthly by the Junior High nurse on students needing their Tdap boosters. Students should receive notification the month prior to the date due, and should have their booster by the first day of that month to stay in compliance.

Review immunization records of new students enrolling in district. If deficient, inform parent of immunization(s) needed and of the SCHD immunization clinic and/or assist parent in locating private physician to give immunization. Students new to the district will not be allowed to attend school unless proof of immunization is provided, and/or they are in compliance. Immunization records faxed from the previous school district are acceptable.

## **4. Related Materials: (Nurse Coordinator to Provide these materials annually)**

- A. Current school year immunization requirements
- B. Notices from the Missouri Department of Health
- C. Religious/Medical/In-Progress Exemption Form
- D. Notification Letter for Parents

## **See Appendix**

### ***Immunizations Form***

## **Chapter 5**

### **First Aid and Emergency**

#### **1. Student and Employee Emergency Forms**

At the beginning of each school year, all students will complete a new Health Information Form including the following information:

- A. Name, address, and home number of student
- B. Name, address, and home number of parents/guardians
- C. Parents'/guardians' business and/or emergency contact numbers
- D. Family physician's or pediatrician's name and phone number
- E. Health history, any current health problems and medication the student is receiving.
- F. Names, addresses and phone number of at least three other persons with transportation who may be contacted when the parent/guardian cannot be reached.
- G. Signed permission for the student to receive acetaminophen or ibuprofen and to contact their healthcare provider.

All forms will be kept in the school health office for use by the school nurse as necessary. All employees will complete the Employee Emergency Health Form. These will be updated annually and kept in the health office at their school. All information will be kept confidential.

#### **2. Injury/Illness Procedure**

##### **Major Illness/Injury Procedure:**

In case of serious injury or illness the school nurse should be notified immediately. In case of a critical emergency, where immediate life-saving measures are needed, an appropriate agency (EMS phone 911) will be contacted to provide emergency service. Each principal is charged with providing for the immediate care of ill or injured persons within his or her area of supervision. The school nurse or designated staff member will administer emergency aid. Procedures for handling emergencies will be established and made known to the staff in each school.

The school nurse should be prepared to give rescue officials verbal information indicating the student's name, relevant medical history including any known medications, symptoms and events surrounding the incident, emergency treatment administered and current medical status including vital signs. The school principal/secretary will provide EMS with written information including parents'/guardians' name, telephone number and home address.

The school will obtain information relative to the destination or hospital to which the student is taken.

When the parent has no telephone, an adult messenger from the school will go directly to the home to notify the parents/guardians. If no one can assume responsibility, the child must remain at school until proper arrangements can be made, except in emergencies which require immediate medical attention. The school district is not responsible for ambulance service or subsequent treatment or medical expenses incurred after the administration of first aid.

No sick or injured child will be transported to his or her home alone or by another student. Providing for transportation and adult supervision is the responsibility of parents/guardians who, in the event that they themselves may not be available, will provide for transportation and supervision by a responsible adult.

If the parent cannot be reached, and the school nurse determines that emergency care is necessary, but the situation does not warrant a 911 call, another staff member must transport the nurse and student to the emergency room allowing the nurse to attend to the needs of the student while in transit.

### **Minor Illness/Injury Procedure:**

If the injury or illness is minor, it may be appropriate to retain the student in school for the remainder of the day, but in the interest of school-parent/guardian relations, the principal, school nurse or other designee may contact the parents/guardians to inform them of the situation. If the parent/guardian cannot be reached, the principal or school nurse will need to use the alternate contacts provided on the nurse permission form.

If it is deemed necessary by the school nurse in consultation with the nurse coordinator, that a student should be sent home and/or requires medical attention the parents/guardians will be notified immediately by the school nurse, principal or other designee. The parents/guardians will be asked to call a physician or accept the services of a physician selected by the school. In the event that a delay is judged to be potentially detrimental to the student's welfare, the appropriate ambulance, emergency assistance agency, and/or school based social worker will be contacted and the parents/guardians so notified.

In non-emergency cases, if efforts to reach the parents/guardians or other responsible adults in the home are not successful, the student will be kept in school under the observation of the principal or a designated staff member.

### **3. Accident Reports**

All accidents and injuries seen by the nurse will be recorded in the nurse's log. In addition, all school related injuries requiring medical attention or causing absence from school are to have an accident report filled out by the school nurse and documented in on the student's individual file in the SIS program. The original accident report will be placed in the student's health file. Electronic copies of the report will be sent to the Health Services Coordinator, Building Administrator, and Central Office.

Parents of students who receive a head injury should be contacted by phone and the Head Injury Instructions letter should be sent home with the student.

### **4. Eye Protection**

Eye protective devices designed to provide protection for the hazards involved and to meet standards specified by state law will be provided by the school district. These devices may be issued to students or provided at work stations for individual activities.

### **5. Guidelines for Administration of First Aid**

The district will use the recommended guidelines in the Emergency Guidelines for Schools and Childcare Facilities handbook provided by the Missouri Department of Health and Senior Services. The Sikeston Public Schools Health Services Manual and American Heart Association First Aid Guidelines can be used as well.

### **6. Cardio Pulmonary Resuscitation (C.P.R.)**

The school nurse should have current C.P.R. certification. In addition, all Transportation staff, P.E. teachers and coaches are encouraged to have current C.P.R. certification. The goal of the school district is to have at least two persons in each building who are certified to administer C.P.R. The Coordinator of Health Services is responsible for the organization of C.P.R. recertification for the school nurses. This will generally take place during the October in-service day.

## 7. Drug and Substance Abuse

The illegal sale and exchange, distribution, or possession of drugs or alcohol is prohibited in the school buildings, on school grounds, on school buses and at school sponsored events.

In an effort to diminish the conditions that lead to substance abuse and to prevent the problems created by substance abuse, Sikeston Public School District will integrate information related to substance abuse into the curriculum at the elementary and secondary levels. The administration shall develop and maintain a process for handling cases of suspected substance abuse that is inclusive of the psychological, physical and legal aspects of the problems.

School personnel will counsel and assist parents and students in situations involving substance abuse and may encourage the use of other professional assistance. School nurses should communicate with school principals and counselors when drug or substance abuse is suspected.

(See Board of Education Policy section for complete policy on drug and substance abuse.)

### **Opioid Overdose – (When to Use Opioid Antagonists)**

An opioid overdose occurs when an opioid drug, such as heroin, fentanyl, and other pain relievers, attaches to brain receptors that affect breathing. The person's breathing slows and eventually stops, leading to oxygen starvation and death. Narcan, also known as naloxone is a medication that can be used to block the effects of opioids. Properly used, it can be a lifesaver in cases of opioid overdose.

Board of Education Policy Section P 2874 states:

The District shall maintain Narcan or other opioid antagonist in secure locations to be administered to any student or staff member reasonably believed to be having a drug overdose. School nurses and other school personnel expected to provide emergency care in drug overdose situations shall be trained. The school nurse or other trained school personnel may utilize the school's supply of Narcan, or similar opioid antagonist to respond to a drug overdose. The school district will notify that parents/guardians of any student to whom Narcan or other opioid antagonist has been administered. Parents who choose not to have an opioid antagonist administered to their student(s) must notify the district in writing. However, if their student is reasonably believed to be experiencing a drug overdose, parents will be notified by the school nurse as expeditiously as possible. In such situations, local medical services will be notified.

Parents and school administrators should not be concerned about adverse health effects of naloxone. If the person has not overdosed on an opioid, there is no effect on the body. (NASN, 2016 / Green, Heimer, & Grau, 2008).

- Protocol for administering Narcan Nasal Spray:
  - Observe for signs of overdose (see chart below)
  - If symptoms present, immediately call 911, request an AED
  - Place person on their back
  - Perform rescue breathing if needed
  - Administer Narcan Nasal Spray
    - Remove from the box and open
    - Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
    - Tilt the person's head back and provide support under their neck. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.
    - Press the plunger firmly to give the dose of Narcan Nasal Spray
  - Place the person on their side and remain with them until help arrives.

- Contact parents/guardians per school policy
- Complete Report of Naloxone Administration Form

#### **Overdose vs. High**

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat / pulse	Slowed heart beat / pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

### **See Appendix**

*Narcan Administration Flowsheet*

*Report of Naloxone Administration Form*

## **8. Child Abuse and Neglect**

The Sikeston Public Schools Board of Education policy – R 2710 states:

The Board of Education requires mandated reporters to comply with the state child abuse and neglect laws. Mandated reporters acting in their official capacities who know or have reasonable cause to suspect that a child has been subjected to abuse or neglect or is being subjected to conditions or circumstances that would reasonably result in abuse or neglect must directly and immediately make a report to the CD, including any report of excessive absences that may indicate educational neglect. No internal investigation shall be initiated until such a report has been made, and even then the investigation may be limited by law if the report involves sexual misconduct by a school employee.

Mandated reporters who make such reports to the CD must notify the school principal or designee that a report has been made. The principal or designee will notify the superintendent or designee and the district liaison(s) about the report. The school principal or designee may also notify law enforcement or the juvenile office when appropriate. Mandated reporters who have reason to believe that a victim of abuse or neglect is a resident of another state or was injured as a result of an act that occurred in another state may make a report to the child protection agency with the authority to receive such reports, pursuant to law, in the other state in addition to notifying the Missouri CD pursuant to this policy.

The reporting requirements are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. Employees who make a report in accordance with law shall not be subject to any sanction, including any adverse employment action, for making such a report. Further, the superintendent and other district administrators shall ensure that employees mandated by law to make a report have immediate and unrestricted access to the communication technology necessary to make an immediate report. Employees shall also be temporarily relieved of other work duties for the time required to make a mandated report.

(See Board of Education policy section for complete policy on reporting child abuse.)

## 9. Stings and Anaphylactic Shock - (When to use Adrenalin)

### **Anaphylaxis: Definition**

A rapid, extremely serious allergic response which may occur in persons not previously known to be allergic or hypersensitive. The reaction ranges from mild, self-limited symptoms to rapid death. Immediate action may be required to prevent fatality.

### **Causes: Extreme sensitivity to one or more of the following:**

- A. Stings of bees, wasps, hornets, yellow jackets and fire ants.
- B. Foods, including peanuts, milk, eggs, shellfish, whitefish, and other nuts, as well as some food additives.
- C. Medications, including certain antibiotics (most commonly penicillin) as well as seizure medications, muscle relaxants, and aspirin and non-steroidal anti-inflammatory agents.
- D. Industrial or office chemicals or their vapors.

If a student has a known allergy and has a bee sting kit with physician's orders, then the District is responsible to give the Adrenalin as instructed. In addition to the nurse, at least one other person in the building will be trained to administer Adrenalin. It will be the responsibility of the nurse to instruct a staff member in the building to administer the Epi-pen or Auvi-q.

### **First Aid For Stings:**

- A. If the stinger remains embedded, remove by using your fingernail, credit card or tongue blade to scrape it away. Squeezing the stinger can release more venom into the blood.
- B. Wash area well with soap and water.
- C. Put a cold pack on the area to reduce swelling and pain.
- D. Place a cloth between the skin and ice to protect the skin.
- E. Place the stung area below the level of the heart to slow circulation of the venom.

Insect bites and stings can be life-threatening to those who have severe allergic reactions. Anaphylaxis may develop. The following outlines the recommended procedure for emergency care.

### **Symptoms of Immediate Severe Reaction:**

- A. **Respiratory:** extreme anxiety, flushed face, wheezing or difficulty breathing, cyanosis (pale/bluish hue to skin) followed by fainting or convulsions.
- B. **Circulatory:** pale skin, rapid feeble pulse, absent or low blood pressure, extreme weakness, followed by fainting or convulsions.
- C. **Swelling or Hives** may appear in the area of face, tongue or lips.

An immediate reaction will occur either in seconds or within one to two hours after the incident. Once these symptoms develop, they may rapidly lead to death even within a few minutes. Individuals known to be at risk for anaphylaxis should supply the school with emergency medications. This will usually be in the form of injectable Adrenalin, such as an Epi-Pen and/or Benadryl. If medication is available, give as ordered by the physician.

**DO NOT HESITATE TO GIVE EMERGENCY MEDICATION WHILE WAITING FOR MEDICAL ASSISTANCE IF THE ABOVE SYMPTOMS DEVELOP. CLOSELY MONITOR BREATHING AND HEART ACTION. USE CARDIOPULMONARY RESUSCITATION OR RESCUE BREATHING, IF INDICATED.**

When an individual is stung by an insect such as a hornet, yellow jacket, bee, wasp, or ant, reactions vary from simple discomfort to acute allergic reactions. Stinging insects inject venom with the sting, and it is the presence of this venom which causes allergic reaction.

## Types of Reactions

Reactions are usually classified in four categories: Toxic, Severe, Moderate, Mild

### A. Toxic

It is possible for an individual to actually become toxic if they suffer multiple stings at one time. Sufficient quantity of venom may be injected to cause systemic poisoning even though there may be no allergic reaction.

RX: Following multiple stings, notify parent, recommend prompt hospitalization and have school nurse monitor student until arrangements are made.

### B. Severe

A severe allergic reaction (anaphylaxis) involves swelling or spasm of air passages and/or sharp drop in blood pressure resulting in reduced blood flow to vital organs. **This is a medical emergency** requiring immediate injection of adrenaline.

#### Signs and Symptoms of Severe Allergic Reaction:

Apprehension  
Faintness  
Flushing followed by paleness  
Rapid heart beat  
Weak, thready pulse  
Visual changes  
Fall in blood pressure  
Shortness of breath (asthma like)

RX: **Call 911.** Students with known severe allergies are listed on the confidential health concerns list. These students should be injected immediately with Adrenalin according to district protocol. Parents should be notified at once.

### C. Moderate

There may be widespread swelling or hives, itching or redness of the skin, wheezing, faintness, dizziness, vomiting, abdominal cramps, or diarrhea. The individual may experience some shortness of breath, nasal discharge or stuffiness in the nose, and some tightness in the throat. Aching or swelling of the joints, sometimes with hives, occasionally occurs hours or up to a few days after a sting.

RX: Remove stinger by scraping with fingernail or plastic credit card. Do not use tweezers or pinch with fingers, as this may further compress the attached venom sac and inject more venom. Apply ice to site. Observe student. Contact parent for possible emergency medication.

### D. Mild

There may be a large local swelling at the sting site, accompanied by intense itching and/or pain.

RX: Remove stinger and venom sac (as above) apply ice to sting site. Observe students. Notify parent of sting.

## Prevention

Some common sense precautions will prevent many stings. Perfume, hair spray, suntan lotions, and many cosmetics attract insects, and should be avoided. Black and bright colors and flowery prints attract insects. Light colors--white, green, tan, khaki, are neutral and neither attract nor antagonize bees.

If a stinging insect flies into the car while you are driving the best action is to slow and pull over to the

side of the road, observing safety precautions; then open windows and let the insect escape. Insecticide sprays may not kill immediately, so allowing the insect to escape is the simplest solution.

Shoes should be worn at all times outdoors. Sandals are not adequate protection, but tennis shoes are. Calm quiet behavior without sudden movement or flailing of arms will usually prevent trouble if a stinging insect flies into the classroom.

### **See Appendix**

*Insect Stings Form*

*Allergy and Anaphylaxis Emergency Plan*

## **10. Asthma**

Asthma is a chronic lung disease characterized by acute episodes or attacks of breathing problems such as coughing, wheezing, chest tightness, and shortness of breath. These symptoms are caused by airway swelling, blocked airways, and increased responsiveness of the airways to a variety of stimuli or triggers. The triggers that cause an asthma episode vary with individuals, but there are common triggers.

### **A. Goals for Asthma Management at School**

- Prevention of asthma episode that needs a doctor's visit or a trip to the emergency room.
- Prevention of asthma symptoms such as chronic cough, difficulty of breathing, easy fatigability from normal activities.
- Reduction in school absenteeism and number of hospitalizations.
- Control of asthma symptoms with the least amount and side effects of medications.
- Participation in sports and other normal activities without many restrictions.
- Education of the family and student about the important aspects of asthma so everybody can help cope and improve their lifestyle.

### **B. Common Asthma Triggers**

- Allergens such as pollen, animal dander, dust mites, and molds.
- Irritants such as cold air, strong odors, weather changes, and cigarette smoke.
- Upper respiratory infections such as a cold or flu.
- Physical exercise, especially in cold weather.

### **C. Handling an Asthma Episode**

**To determine if a student is having an asthma episode look for the following symptoms:**

- Anxious look
- Stooped body posture
- Diaphoresis
- Dyspnea
- Rapid respirations (greater than 25-30 at rest)
- Retractions
- Nasal flaring
- Depressed sternal notch
- Nausea/vomiting
- Fatigue
- Decreased peak flow value

**Listen for:**

- Complaints of chest tightness
- Coughing



- Irregular breathing
- Abnormal breath sounds: decreased or absent breath sounds, wheezing, rales, rhonci
- Prolonged expiration
- Rapid heart rate

**What to do for an Asthma crisis at school:**

- Have the child STOP ALL ACTIVITY
- If possible, review the student's Asthma Action Plan for Personal Best, current medications and emergency medications.
- Have student sit upright and check Peak Flow reading.
- Administer prescribed quick relief medication. Medication should be inhaled slowly and fully.
- Or Administer medication by nebulizer, if prescribed.
- Reassure student and attempt to keep him/her calm and breathing slowly and deeply.
- Student should respond to treatment within 15-20 minutes.
- **If NO change or breathing becomes significantly worse contact parent immediately and call for emergency help.**
- Document episode.

**SEEK IMMEDIATE EMERGENCY CARE IF STUDENT:**

- Coughs constantly
- Is unable to speak in complete sentences without taking a breath
- Has lips, nails, mucous membranes that are gray or blue
- Demonstrates severe retractions and/or nasal flaring
- Is vomiting persistently
- Has 50% reduced peak flow reading
- Has pulse greater than 120/minute
- Has respirations greater than 30/minute
- Is severely restless
- Shows no improvement after 15-20 minutes

**D. Early Signs of an Asthma Episode**

Students who have asthma often learn to identify their early warning signs - the physical changes that occur in the early stage of airway obstruction. These early warning signs usually happen long before more serious symptoms occur. Being aware of these early warning signs allows the student to take medication at a time when asthma is easiest to control. Teachers should encourage students to be aware of these early symptoms, and to take the proper action immediately.

Knowing the signs of a beginning episode will help you and other staff take appropriate measures to avoid a more serious medical emergency. **There should be no delay once a student has notified the teacher of a possible problem.**

A student may exhibit one or more of these signs during the initial phase of an asthma episode.

- **Changes in breathing** may include:
  - 1) coughing,
  - 2) wheezing,
  - 3) breathing through the mouth,
  - 4) shortness of breath, and/or
  - 5) rapid breathing.
- **Verbal Complaints.** Often a student who is familiar with asthma will know that an episode is about to happen. The student might tell the teacher that:

- 1) the chest is tight,
- 2) the chest hurts,
- 3) he/she cannot catch a breath,
- 4) the mouth is dry,
- 5) the neck feels funny, and/or
- 6) a more general I don't feel well.

- **Other signs may be:**

- 1) an itchy chin or neck-some people may rub their chin or neck in response to this feeling.
- 2) Clipped speech - the student may speak in very short, choppy sentences.

#### **E. Use of a Metered Dose Inhaler**

A metered dose inhaler (MDI) is a device used to deliver asthma medication directly to the lungs. In order to ensure effective administration of the medicine, the following steps should be performed:

- Remove the cap from the inhaler. Shake well.
- If using a spacer or chamber (preferred), insert the inhaler into the open end of the chamber.
- Place the mouthpiece of the chamber or inhaler between your teeth and seal your lips tightly around it.
- Breathe out completely.
- Press the canister once.
- Breathe in slowly (3-5 seconds). If the chamber makes a noise, you are breathing too quickly.
- Hold your breath for 10 seconds to allow the medication to reach deeply into the lungs.
- Repeat steps for each puff ordered by your doctor. Wait 1 minute in between puffs to allow the second puff to penetrate the lungs better.

#### **F. Use of a Peak Flow Meter**

A peak flow meter is a useful tool for objectively measuring the severity of asthma. The value obtained is called a peak expiratory flow rate (PEFR). The PEFR indicates the degree of airway obstruction or narrowing. Specifically, the PEFR is the amount of air that can be forcefully exhaled in 1 second. Each individual has a normal rate based on height and age. However, many physicians prefer to use the person's personal best value. This number represents the highest rate obtained over a specified period of time.

This procedure can help in determining when medicine or a treatment change is necessary. In order to ensure accuracy of the results, however, the test must be performed using the correct technique. The following steps outline the procedure for this maneuver.

- Place indicator at the base of the numbered scale.
- If using a digital meter, turn meter on and insert valve.
- Stand up.
- Take a deep breath.
- Place the meter in the mouth and close lips around the mouthpiece.
- Blow out as hard and fast as possible.
- Write down the achieved value.
- Repeat the process two more times.
- Record the highest of the three numbers achieved.

#### **G. Asthma Protocol**

The asthma medication that was provided by Dr. Kevin Blanton is to be used for emergencies only.

The mask and tubing are also to be used for emergencies only. The parent of the student with asthma must provide the medication and the mask and tubing for their student. If we have to use our medication or tubing for an emergency the parent must replace our supplies.

**Protocol for medication/supplies:**

- 1) Call the parent and request that the medication and supplies be brought to school for their child.
- 2) If no supplies or medication have been brought to school, the school nurse will make a home visit with the school social worker.
- 3) If still no supplies or medication a Hotline call should be made for medical neglect.

**See Appendix**

*Asthma Notification*

*Inhaler Procedures*

*Asthma Plan*

*Asthma Toolkit*

**11. Related Materials**

- A. First Aid Guidelines for Playground Supervisors
- B. Emergency Triage Plan
- C. EMS Information Guide
- D. Contents of Disaster Barrel List

**See Appendix**

*Head Injury Form*

*Student Accident/Incident Form*

## **First Aid Guidelines For Playground/Lunch Supervisors/Volunteers**

<b>Bleeding (Severe)</b>	Stop bleeding immediately by pressing firmly with fingers or palm of Vinyl/Latex Gloved hand directly over the cut or wound. Take student to school office immediately. If unable to transport student, send for assistance.
<b>Animal Bites</b>	Get a good description of animal and report to proper authorities.
<b>Broken Bones</b>	<b>Do Not Move Student</b> if broken back, neck or leg is suspected. In these instances, student should remain on playground until school nurse or ambulance arrives. Notify school office that nurse is needed. If needed, cover student with coat or blanket.
<b>Broken Teeth</b>	Find the tooth or partial tooth and send with the student to the school office.
<b>Choking</b>	Stand behind person; wrap arms around waist. Grasp fist with other hand and place against the abdomen slightly above the navel; below rib cage. Press fist into the abdomen with quick upward thrusts. Repeat procedure if necessary.
<b>Head Injury</b>	Student should be escorted to school office if conscious and able to walk. School office should be notified if observed that student lost consciousness from a fall or blow to the head. If student remains unconscious notify school office immediately and <b>Do Not Attempt To Move Student</b> .
<b>Heat Related Illness</b>	Take student into cool environment as quickly as possible. If unable to transport student, send for assistance immediately.
<b>Insect Bite</b>	Send student to school office immediately.
<b>Seizure</b>	Send someone to office for assistance. Do not try to restrain the movements of student but do try to prevent any injury by moving items away from his/her which might cause injury. Loosen the clothing. Do <b>not</b> force mouth open and do <b>not</b> force anything between teeth. Note length of time seizure lasted and body parts involved.
<b>Unconsciousness</b>	Student may be unconscious for many reasons, (diabetes, head injury, allergic reactions, etc.). <b>Do Not Attempt To Move Student</b> . Notify school office immediately.

MORE EXTENSIVE GUIDELINES ARE AVAILABLE IN THE FIRST AID FLIP CHART WHICH IS LOCATED IN THE SCHOOL NURSE OFFICE.

## EMERGENCY TRIAGE PLAN

The goal of emergency first aid is to provide the greatest good for the greatest number of victims through the principal of triage. Initial triage occurs where the victim lies. A color-coded tagging system is used to classify the triage category. Victims may be moved to treatment areas based on their status, where the second triage takes place and more advanced skills are needed to perform the secondary assessment. Examples of injuries and their corresponding triage categories:

### LEVEL 1

#### Immediate / Emergent

Victims with immediate life-threatening injuries who are considered viable with rapid intervention. These victims need a higher level of care than is available on the scene.

Examples include:

- |                      |                                     |
|----------------------|-------------------------------------|
| 1. Head injuries     | 5. Collapsed lung                   |
| 2. Severe blood loss | 6. Significant respiratory distress |
| 3. Evisceration      | 7. Loss of consciousness            |
| 4. Symptomatic shock | 8. Exposure to hazardous material   |

Color Coding: RED

### LEVEL 2

#### Delayed / Urgent

Victims with injuries that are serious but not immediately life-threatening and who require care beyond basic first aid within 1 to 3 hours. Delayed transportation would not place the victim in jeopardy, although transport by ambulance is indicated.

Examples include:

- |                                      |                    |
|--------------------------------------|--------------------|
| 1. Extremity fractures without shock | 4. Signs of stroke |
| 2. Abdominal trauma without shock    | 5. Moderate burns  |
| 3. Moderate blood loss               |                    |

Color Coding: YELLOW

### LEVEL 3

#### Nonemergent / Nonurgent

Victims who do not have a direct need to be transported by ambulance.

Examples include:

- |                            |                        |
|----------------------------|------------------------|
| 1. Minor burns             | 4. Nausea and vomiting |
| 2. Lacerations             | 5. Abrasions           |
| 3. Possible joint injuries |                        |

Color Coding: GREEN

#### Dead or Mortally Injured

Victims who are legally dead and victims who have sustained injuries incompatible with life.

Examples include:

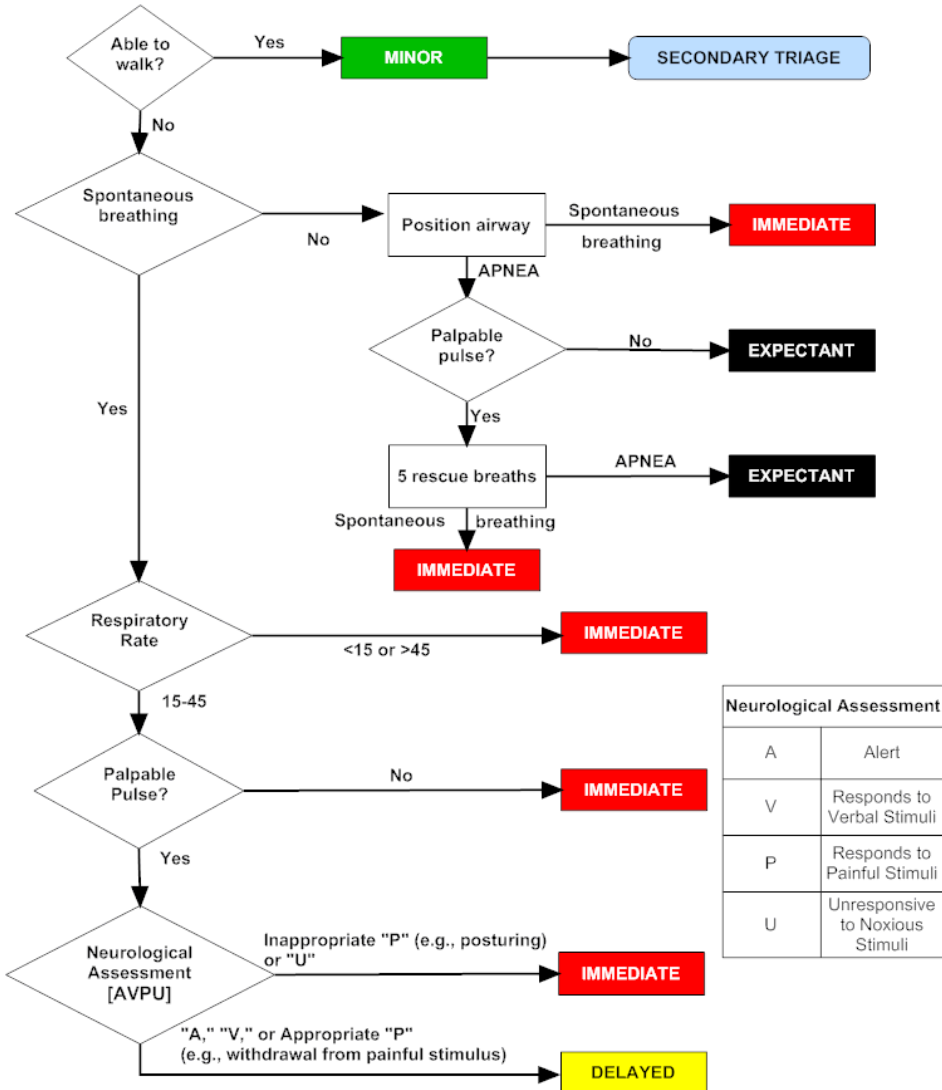
- |                                       |                    |
|---------------------------------------|--------------------|
| 1. Exposed brain material             | opening the airway |
| 2. Cardiac arrest                     | 4. Severed trunk   |
| 3. Respiratory arrest unresponsive to | 5. Decapitation    |

Color Coding: BLACK

(NASN, 2017)

Reference: Selekman, J., Shannon, R.A., & Tonkaitis, C.F. (2019). *School Nursing: A Comprehensive Text* (Third Edition, p. 470). Davis Company of Philadelphia.

# JumpSTART Pediatric Multiple Casualty Incident Triage



Neurological Assessment	
A	Alert
V	Responds to Verbal Stimuli
P	Responds to Painful Stimuli
U	Unresponsive to Noxious Stimuli

Use JumpSTART if the Patient appears to be a child.

Use an adult system, such as START, if the patient appears to be a young adult.

Triage Categories	
<b>EXPECTANT</b> Black Triage Tag Color <ul style="list-style-type: none"> <li>Victim unlikely to survive given severity of injuries, level of available care, or both</li> <li>Palliative care and pain relief should be provided</li> </ul>	<b>DELAYED</b> Yellow Triage Tag Color <ul style="list-style-type: none"> <li>Victim's transport can be delayed</li> <li>Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours</li> </ul>
<b>IMMEDIATE</b> Red Triage Tag Color <ul style="list-style-type: none"> <li>Victim can be helped by immediate intervention and transport</li> <li>Requires medical attention within minutes for survival (up to 60)</li> <li>Includes compromises to patient's Airway, Breathing, Circulation</li> </ul>	<b>MINOR</b> Green Triage Tag Color <ul style="list-style-type: none"> <li>Victim with relatively minor injuries</li> <li>Status unlikely to deteriorate over days</li> <li>May be able to assist in own care: "Walking Wounded"</li> </ul>

## Suggested Emergency Supplies

Each facility should maintain disaster supply kits. These include necessities kits (food, water, personal hygiene supplies), first aid kits, tool kits, essential records, and communications equipment. Contents of these kits should be adapted to fit the unique needs of each facility.

The items for general emergency supplies could be stored in large size plastic trash cans, sealed with duct tape, and an inventory list attached to the top of the container. The trash can is available for whatever use necessary during the emergency. These kits should be easily accessible in the event of an emergency, kept in a cool dry place, and should be taken along in every drill.

Supply kits should be maintained and inventoried on an on-going basis and outdated, perishable, or used supplies should be replaced as necessary. Each facility should designate an employee to carry out these procedures.

The following is a recommendation for a facility supply kit:

### Suggested Contents\* of a Disaster Barrel

- |                           |                            |
|---------------------------|----------------------------|
| 1. Clean sheet            | 20. Plastic wrap           |
| 2. Assorted bandages      | 21. Bulb syringe           |
| 3. Tape – ½" & 1"         | 22. Toilet paper           |
| 4. 4x4 gauze bandages     | 23. Tissues                |
| 5. Butterfly bandages     | 24. Box matches in baggies |
| 6. Soap                   | 25. Marker                 |
| 7. Cotton balls           | 26. Disposable ice packs   |
| 8. Q-tips                 | 27. Writing pads           |
| 9. Alcohol                | 28. Garbage bags           |
| 10. Sanitary Napkins      | 29. Drinking cups          |
| 11. Tweezers              | 30. Tongue blades          |
| 12. Scissors              | 31. Disposable washcloths  |
| 13. Gloves                | 32. 2x2's                  |
| 14. Wet wipes             | 33. Thermometer            |
| 15. Ace wraps             | 34. Iodine                 |
| 16. Gauze rolls           | 35. Baggies                |
| 17. Flashlights/batteries | 36. Needles                |
| 18. Blankets              | 37. Safety pins            |
| 19. Magazine/splints      |                            |

\*Kits may or may not include these items.

### Disaster Barrel Inventory

	Bag or bucket labeled with Red Cross		Assorted band aids (1 box ¾", 1 box 1", 1 box large)
	1 clean sheet in plastic bag for bandages		10 disposable washcloths
	2 Ace wraps		1 gauze roll
	1 roll adhesive tape 2"		1 ear dropper
	2 rolls adhesive tape 1"		2 blankets
			5 magazines for splints
	25 - 4 x 4 gauze bandages		1 box plastic wrap
	25 - 2 x 2 gauze bandages		1 bulb syringe
	25 butterfly bandages		1 box matches in a baggie
	1 bar anti-bacterial soap (Dial)		2 boxes tissue
	1 pkg. Cotton balls		2 rolls toilet tissue
	1 pkg. Swabs		1 marker
	20 sanitary napkins		1 pkg. drinking cups
	1 pair tweezers		Legal pad
	1 pair scissors		1 pkg. garbage bags
	2 boxes rubber gloves		1 large bandage roll
	10 sugar packets		10 eye pads
	1 bottle hand sanitizer		10 tongue blades
	Aloe Vera Gel		1 box of 100 sandwich bags
	1 pkg. safety pins		1 flashlight / batteries (crank flashlight)
	1 gallon of bleach		

Checked by: \_\_\_\_\_

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

Semi-Annual Check: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Disaster Supplies per School

<b><u>Incident Command Team</u></b>
Roll up table
Status Board (cork board)
equipment bag
clipboard
Box of Push Pins
megaphone w/ C-cell batteries
flashlight with 2 D-cell batteries
<b><u>Sweep Team (per member)</u></b>
1 Hard Hat
1 Backpack containing the following:
1 pair Goggles/ safety glasses
1 safety vest
1 pair Leather gloves
2 dust masks
1 Solar Blanket
1 5x8' Tarp
2 light sticks
1 clipboard
1 Prybar
1 Notepad
2 Pencils
1 Roll Masking Tape
1 Roll Duct Tape
1 Roll Caution Tape
1 lumber crayon
2 pieces railroad chalk
1 50-ft nylon cord
1 Whistle
1 Fanny Pack containing:
4 Markers (Red, Green, Black, Yellow)
First Aid Supplies
4 pairs Nitrile gloves
<b><u>First Aid Team -</u></b>
flashlight with 2 D-cell batteries
1 pad of paper
1 dozen pencils
1 dozen Sharpies (Red, Green, Black, Yellow) for triage
All Weather clipboard
Nitrile exam gloves - different sizes
Equipment bag

<b><u>Security Team</u></b>
Caution tape (1 roll per team)
All Weather Clipboard
Equipment bag
flashlight with 2 D-cell batteries
Glow sticks (1 dozen per team)
Identification Vest
Sharpies
1 dozen pencils
5x8 Note Pads
Whistles (1 per team member)
megaphone w/ C-cell batteries
Poster Board for signage
Traffic Barricades (2 per entr/exit) - except for HS
<b><u>Assembly Area Team</u></b>
equipment bag
clipboards
megaphone w/ C-cell batteries
<b><u>Records Team</u></b>
equipment bag
All weather Clipboards
clipboard
1 dozen Pencils
4 Legal-Size Note pads
4 5x8 Note Pads
1 dozen Sharpies
Masking Tape
Rollup Table
flashlight with 2 D-cell batteries
<b><u>Communications Team</u></b>
equipment bag
All weather Clipboards
Clipboard
1 dozen Pencils
Legal pads
1 dozen Sharpies
Masking Tape
flashlight with 2 D-cell batteries

<b><u>Crisis Counseling Team</u></b>
equipment bag
All weather Clipboard
Pencils
4 Legal size Note pads
1 dozen Sharpies
Poster Board for signage
Masking Tape
flashlight with 2 D-cell batteries
<b><u>Sanitation Team</u></b>
equipment bag
1 box of 100 nitrile gloves
1 box dust masks
1 pair leather gloves per member
5-gallon bucket per 25 students
traffic cones
flashlight with 2 D-cell batteries

<b><u>Necessities Team</u></b>
equipment bag
1 box dust masks
Sharpies
Masking Tape
Roll Up Table
flashlight with 2 D-cell batteries
<b><u>Classroom Grab-n-go Kit</u></b>
Pack
Hard Hat
Safety Vest
Safety Glasses
Leather Gloves
Dust Mask
Whistle
Tarp
50 ft Nylon Rope
Permanent Markers
Notepad
Clipboard
Pencils
Duct tape
Solar Blankets
Band-aids - Latex free
First aid tape - Latex free
Gauze Pads
Exam gloves

## **Chapter 6**

### **Medication Policy**

With the exception of students in special education programs, or those with Section 504 Accommodation Plans, the school district is not obligated to supply or administer medication to children. It is recognized that some students may require medication for chronic or short-term illness during the school day to enable them to remain in school and participate in their education. The district will provide administration of medication for any student if the parent/guardian is willing to comply with requests for documentation of need, provision of medication, and physician orders.

The school nurse shall not knowingly administer medications in an amount exceeding the recommended daily dosage listed in the Physician's Desk Reference (PDR) or other recognized medical or pharmaceutical text.

The administration of medications is a nursing activity which must be performed by a registered professional nurse or a licensed practical nurse. A registered professional nurse may delegate and thereby will supervise the administration of medication by unlicensed personnel who are trained by the nurse to administer medications.

Nurses must use reasonable and prudent judgment to determine whether or not to administer particular medications to students while also working in collaboration with parents and school administration. In carrying out their legal duty to protect the health, welfare and safety of students, nurses will, when necessary, clarify authorized prescriber\*\* orders and respond in accordance with such clarifications.

#### **1. Prescription Medication**

- A. The student's physician shall provide the school with a written request that the student be given medication during school hours. The request shall state the name of the student, name of the drug, dosage, frequency of administration, how the medication will be given and the doctor's name. The prescription label will be considered an equivalent of the physician's order. When possible, descriptions of any applicable emergency instructions will be provided.
- B. The parent/guardian will provide a written request that the school district comply with the physician's request to give medication. The district will not administer the first dose of any medication.
- C. The parent/guardian will supply the medication in a properly labeled container from the pharmacy with only those doses to be given at school, and with instructions for any special need for storage, e.g. refrigeration. The medication will be delivered to the school by the parent/guardian or other responsible adult. Medication supplies should not exceed a 30-day supply.

#### **2. Over-the-Counter Medication**

- A. A student shall not be permitted to have over-the-counter medication administered at school unless the medication is accompanied by a written request from the student's authorized prescriber. The request shall state the name of the student, name of drug, dosage, frequency of administration, route of administration and prescriber's name. The diagnosis/indication for use of the medication shall be provided. When possible, the prescriber should state potential adverse effects and applicable emergency instructions.
- B. The parent/guardian shall provide a written request that the school comply with the authorized prescriber's request to give medication.

#### **3. Standing Orders and Protocols**

- A. A written standing order or written protocol for the administration of acetaminophen (brand: Tylenol) and ibuprofen (brand: Motrin) in school may be secured from a physician for an individual student or for a group of students. This order will be reviewed and renewed annually.
- B. The written order for medication must include:
  - Name of the drug, time interval, dosage, route
  - Specific indications for administration of the medication
  - Any contraindication for giving the medication
- C. Written permission must be obtained from a parent/guardian to administer Acetaminophen or Ibuprofen. The permission must be renewed annually.
- D. The use of a standing order or written protocol applies only to registered nurses and licensed practical nurses that will assess the student's need for the medication. Administration of over-the-counter medications may be delegated to a qualified person following the nurse's assessment that the medication as an intervention is appropriate and indicated in each instance.
- E. The nurse will document the student's name, date, time, name of the medication, reason for administration, and dosage

administered in the SIS medication program of the computer.

#### **4. Self-Administration of Medication**

Students with asthma, anaphylaxis, or any chronic health condition may carry with them for self-administration metered-dose inhalers containing “rescue” medication. Possession and self-administration of these prescription medications must comply with the Missouri Safe Schools Act, 1996. The directives of this Act will be given to each parent/guardian who requests that his/her student be permitted to carry and self-administer such medication. A permission form for self-administration (Form 2870) is required. Provided however, that:

- A. A licensed physician has prescribed or ordered such medications for use of the student and has instructed the student in the correct and responsible use of such medications
- B. The student has demonstrated to the student’s licensed physician or designee and the school nurse, the skill level necessary to use the medications and any device necessary to administer such medications
- C. The student’s physician has appended and signed a written treatment plan for managing asthma and anaphylaxis episodes of the student and for medications for use of the student. Such plan will include a statement that the student is capable of self-administering the medication under the treatment plan
- D. The student’s parent/guardian has completed and submitted to the school the student’s treatment plan and liability statement
- E. The student’s parent/guardian has signed a statement acknowledging that the district and its employees or will incur no liability as a result of any injury arising from self-administration of medication by the student or administration of such medication by school staff. (see Form 2870.1)

The authorization for the possession and self-administration of medication to treat a student’s asthma or anaphylaxis permits authorized students to possess and self-administer such student’s medication while in school, at a school sponsored activity, and in transit from school or school sponsored activity. Such authorization will be effective for the school year when issued and for the school attended when the authorization is issued. Such authorization must be renewed each subsequent year in order to remain effective. Information concerning the student’s condition treatment plan, authorization, and related documents will be kept on file in the school’s nurses’ office and be easily accessible in the event of an asthma or anaphylaxis emergency. Duplicate prescribed medication, as described in this policy, will be kept in the school’s nurses office and be reasonably accessible to the student and school staff in the event of an asthma or anaphylactic emergency.

#### **5. Self-Administration of Medication (Senior High Students)**

Students in grades nine through twelve may carry and self-administer over-the-counter medication as directed on the bottle. The medication must be in its original container. The district reserves the right, in individual instances to require proof that the medication is being taken as directed by an authorized prescriber.

**This does not include any medication that is considered a controlled substance.**

**For any prescription medication that is considered a controlled substance, requirements of section 1 (prescription medication) of this policy shall apply.**

#### **6. Parent/Guardian Administration**

A parent/guardian may come to school at any time to administer medication to his/her child.

#### **7. Injectable Medication**

When any student exhibits symptoms of anaphylactic shock an ambulance shall be called. Adrenalin (epi-pen) will be administered as indicated on the individual health care plan (IHP), or assessment from the school nurse. Insulin may also be given by the Diabetic student or the school nurse under the orders of the student’s physician.

#### **8. Medication Administration by Unlicensed Personnel**

It is the responsibility of the Registered Nurse to provide and document the training, competency verification, and supervision of unlicensed personnel who are delegated medication administration; to provide information regarding product identification, safe dosage limits, and side effects, interaction effects, adverse reactions, emergency procedures and other pertinent drug information as indicated; and to periodically monitor procedures.

Training will be per guidelines established in the “Medication Administration in Missouri Schools - - Guidelines for Developing Training and Practice”, 2020 edition, Missouri Department of Health and Senior Services.

## **9. Storage and Documentation**

- a. The school district will provide secure locked storage for medication.
- b. Schedule 2 controlled substances (e.g. Ritalin) will be inventoried upon receipt and on a weekly basis by the school nurse. Any count discrepancies are to be reported to the school principal.
- c. Expiration dates on stock medication will be checked at the beginning of the school year, beginning of second semester, and at the end of the year.
- d. Parents/guardians may retrieve the medication from the school at any time.
- e. When possible, all unused, discontinued or outdated medication shall be returned to the parent/guardian and the return documented.
- f. All medication will be returned or destroyed (with a witness) at the end of the school year.
- g. Record all medication administered (date, time, name of medication, and signature of the individual who administered the medication) on the student's Medication Administration Form.
- h. Record Acetaminophen, Ibuprofen or Tums administration (student name, date, dosage, reason and signature of individual who administered the medication) on the daily log.
- i. At the end of the school year, the Medication Administration Form is to be placed in the student's permanent record. Daily log sheets and Medication Flow sheets will be stored in nurse's school file for a period of five years.

## **10. Medication Administration on Field Trips**

Medications can be administered on field trips by the school nurse or trained personnel only. It is the responsibility of the registered nurse to provide and document appropriate training prior to the field trip.

A review of health needs will be done with appropriate staff members and a field trip form will be completed to ensure all needs are met for students needing health services during field trips. Emergency medications, such as inhalers and epinephrine, will be sent in their original containers with the individual's prescription label attached. Single dosage medications will be properly labeled and stored in a baggie or container for each student. A documentation sheet will be sent with and filled out by personnel administering medication. The school nurse will document administration in SIS.

For purposes of this policy and any accompanying regulations, the following definitions apply:

\* "Medications" include prescription, over-the-counter drugs, and for purposes of this policy, herbal preparations.

\*\* "Authorized prescriber" includes a health care provider licensed or otherwise authorized by state law to prescribe medication.

### **See Appendix**

*Medication Error Report Form*

*Medication Treatment Record*

*Medication Inventory Record*

*Prescription Medication Pick Up Form*

*Communications Report*

*Prescription Medication Refill Request*

*Field Trip Form*

*School Personnel Training Record*

*Daily Treatment Log*

*Form 2870.1*

*Self-Administration Checklist*

## Chapter 7

### Infection Control Precautions

#### 1. General Procedures for Preventing Transmission of Infectious Diseases in School Settings

Having direct contact with the body fluids of another person can potentially provide the means by which many different infectious diseases can spread. Some examples of body fluids which can transmit infection, and some of the diseases that can result, are the following:

<b><u>Body Fluid</u></b>	<b><u>Diseases Spread Through Contact With This Body Fluid</u></b>
Eye discharge	Conjunctivitis (Pink Eye)
Nose or throat discharge	Colds, Influenza, Parvovirus B19 (Fifth's Disease)
Blood	Hepatitis B, C, HIV disease
Feces	Hepatitis A, shigellosis, giardiasis
Urine	Cytomegalovirus infection

It is important to remember that any person could potentially have disease-causing organisms in their body fluids, even if they have no signs or symptoms of illness. Consequently, the following recommendations should be followed in all situations, and not just those involving an individual known to have an infectious disease.

In the school setting, it is recommended that reasonable steps be taken to prevent individuals from having direct skin or mucous membrane\* contact with any moist body fluid from another person. Specifically, direct contact should be avoided with all of the following:

- Blood (preventing exposure to blood or blood-contaminated body fluids is discussed in more detail in the following section on standard precautions)
- All other body fluids, secretions, and excretions regardless of whether or not they contain visible blood
- Non-intact skin (any area where the skin surface is not intact, such as moist skin sores, ulcers, or open cuts in the skin)
- Mucous membranes

If hands or other skin surfaces are contaminated with body fluids from another person, washing with soap and water should take place as soon as possible

\*Mucous membranes cover the eyes and the inside of the nose and mouth, along with certain other parts of the body. In a school setting, avoiding mucous membrane contact with body fluids means, for practical purposes, that one does not get these fluids in one's eyes, nose, or mouth. This can generally be accomplished by not rubbing their eyes with one's hands, and not putting the hands or anything touched by unwashed hands (such as food) in one's mouth. Good hand washing is vital to preventing mucous membrane exposure to disease-causing organisms.

In general, standard medical vinyl or latex gloves should be worn whenever the possibility of direct contact with any body fluid from another person is anticipated. Gloves should be available and easily accessible in any setting where contact with body fluids could take place. Hands should always be washed immediately after removal of gloves. Pocket masks or other devices for mouth-to-mouth resuscitation should be available.

Additional steps to reduce the risk of transmission of communicable diseases in the school setting include the following:

- Toilet tissue, liquid soap dispensers, and disposable towels should always be available in all restrooms. All children should be taught proper hand washing and encouraged to practice this after using the restroom.
- All children should wash their hands, with direct supervision as necessary, before eating.
- Children should be discouraged from sharing food, personal grooming items, and cosmetics.
- Younger children should be discouraged from placing other's fingers in their mouths or their own fingers in the mouths of others, and from mouthing objects that others might use.
- Proper sanitation procedures must be followed with regard to food handling and preparation, control of insects and rodents, and proper disposal of solid waste.

## 2. Standard Precautions

Standard Precautions (formerly universal precautions) is the term now used to acknowledge that any person's body fluids, including blood, may be infectious, and includes the need to use personal protective devices such as gloves, masks, or clothing to prevent exposure to body substances. These precautions include:

- Wearing disposable gloves for contact or anticipated contact with any person's blood or body fluids;
- Wearing protective gown/apron if soiling of clothes is likely;
- Wearing goggles and/or mask as appropriate when splashing of blood/bloody fluids is likely; and
- Always washing hands after removing gloves or when hands have come in contact with blood or anybody fluid/excretion.

In addition:

1. If any body fluids come into contact with the mucous membrane surfaces of the nose or mouth, the area should be immediately flushed with water. If the mucous membrane surfaces of the eye are contaminated, there should be irrigation with clean water, or with saline solution or sterile solutions designed for this purpose.
2. Precautions should be taken to avoid injuries with sharp instruments contaminated with blood. Needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, and other sharp items should be placed in puncture-resistant, leak-proof containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. School districts should have a clear procedure for sharps usage and disposal.
3. Persons providing health care who have exudative skin lesions or weeping dermatitis should refrain from all direct patient care, and from handling patient-care equipment, until the condition resolves.

The Missouri Code of State Regulations, 19 CSR 20-20.092, promulgated under the authority of Section 191.640 RSMo, requires that "the blood-borne pathogen standard governing public employers in the state of Missouri having employees with occupational exposure to blood or other potentially infectious materials shall be the standard of the Occupational Safety and Health Administration as codified in 29 CFR 1910.1030. The rule establishes the current standard of practice with regard to the prevention of transmission of infectious blood-borne agents in occupational settings, and contains good public health and risk management policies. School administrators and other school personnel who are involved in making health policy decisions should become familiar with this rule and consider, in consultation with appropriate legal counsel, adopting the policies that it describes, including the development of an exposure control plan. Such an exposure control plan should contain a statement on providing hepatitis B vaccine to appropriate school staff.

The Occupational Safety and Health Administration (OSHA) guidelines and the standard adopted by the Missouri Department of Health and Senior Services also require:

- Persons who, as part of their assigned occupational duties, may reasonably be expected to have contact with blood should be vaccinated with hepatitis B vaccine. Vaccination of all school staff is neither feasible nor necessary. However, certain staff is assigned duties that could place them at increased risk of infection from hepatitis B. These individuals should be provided, free of charge, three doses of hepatitis B vaccine. Such individuals include:
  1. The person(s) assigned primary responsibility for providing first aid;
  2. Special education/early childhood development personnel who may have contact with children infected with hepatitis B. These children may have special behavioral and/or medical problems which increase the likelihood of hepatitis B transmission; and
  3. The person(s) assigned primary responsibility for cleaning up body fluid spills.

A person who has been offered hepatitis B vaccine but refuses to receive it should be required to sign a statement indicating the vaccine was offered but he/she chose not to be vaccinated.

OSHA Blood-Borne Pathogens policy rev. April 2012

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

School nurses (RNs and LPNs) licensed under Chapter 335, RSMo, are required, according to Section 191.694 RSMo, to adhere to standard precautions, including the appropriate use of hand-washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.

### 3. Procedures for Cleaning Spills of Blood or Other Body Fluids

1. Absorbent floor-sweeping material should be used to cover larger body fluid spills.
2. Wear sturdy, non-permeable gloves and other protective clothing as necessary.
3. Use disposable absorbent towels or tissues, along with soap and water, to clean the area of the spill as thoroughly as possible.
4. New guidelines have been developed for cleaning, disinfection, and sanitizing objects and surfaces in the school setting. Please refer to the Prevention and Control of Communicable Disease, Missouri Department of Health and Senior Services, 2011, p. 35-40. This includes guidelines for the use of bleach and other types of disinfecting products. See link provided at the end of this section.
5. If the gloves worn to clean up the spill are reusable rubber gloves, they should be washed with soap and running water prior to removal. Disposable gloves should be placed in an impermeable plastic bag. Regardless of the type of gloves used, care should be taken during glove removal to avoid contamination of the hands. However, whether or not any known contamination occurs, the hands should be thoroughly washed with soap and water after the gloves are removed.
6. If the person doing the clean-up has any open skin lesions, preparations should be taken to avoid direct exposure of the lesions to the body fluids.
7. If direct skin exposure to body fluid accidentally occurs, the exposed area should be thoroughly washed with soap and water for at least 15 seconds.
8. It is necessary to keep one or more clean-up kits on hand for blood/body fluid spills. The clean-up kit should consist of the following items:
  - Absorbent floor-sweeping material
  - Liquid soap
  - Disinfectant
  - Small buckets
  - Rubber or plastic gloves
  - Disposable towels or tissues
  - Impermeable plastic bags

All of these materials should be kept together in one or more central locations so that they are readily accessible.

**CAUTION:** Diluted bleach solutions, if utilized, should not be used for any other purpose than the clean-up described above. Mixing this solution with certain other chemicals can produce a toxic gas. Also, any EPA- approved disinfectant that is used should be diluted according to manufacturer's instructions. It is not appropriate or necessary to add more disinfectant than the directions indicate. Doing so will make the disinfectant more toxic, and could result in skin or lung damage to those individuals using it.

Please refer to the section on "Cleaning, Sanitizing, and Disinfection" in the Prevention and Control of Communicable Disease, Missouri Department of Health and Senior Services, (July 2011), p. 35-40.

See also: "Infection Control Recommendations for School Athletic Programs," Prevention and Control of Communicable Disease, Missouri Department of Health and Senior Services (July 2011) p. 62.

[http://health.mo.gov/living/families/schoolhealth/pdf/Communicable\\_Disease.pdf](http://health.mo.gov/living/families/schoolhealth/pdf/Communicable_Disease.pdf) Absorbent floor-sweeping material should be used to cover larger body fluid spills.

*Reference:* Manual for School Health Programs (June 2014) p. 62-63. Missouri Department of Elementary and Secondary Education in cooperation with the Missouri Department of Health and Senior Services.

### 4. Recommendations for Sharps Usage and Disposal

#### A. Definitions

- **SHARPS:** Any instrument, device or material capable of producing a puncture or laceration. This includes lancets, syringes, needles, scalpels, knife blades, glass, etc.
- **INFECTIOUS WASTE:** This includes human blood, blood products or body fluids, or items which may be contaminated with human blood, blood products or body fluids.
- **NON-INFECTIOUS WASTE:** Waste that is not capable of transmitting disease. Waste that does not contain



human blood, blood products or body fluids.

- **DISINFECT:** To inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g. bacterial endospores) on inanimate objects.

**B. Purpose**

To protect from injury and to decrease the risk of transmission of disease.

**C. Equipment**

Red impervious containers for disposal of infectious waste.

**D. Procedures**

Sharps usage:

- Teachers should thoroughly instruct students on the proper use of sharps. Students should be monitored for safe practices during procedures involving sharps usage. If students do not demonstrate safe techniques with sharps, they should be re-instructed or removed from the activity by the teacher.
- When feasible, students should provide or be provided with sharp instruments for their use only (e.g. X-Acto knife blades, razor blades). These items should not be shared.
- When it is not feasible to issue sharps to each student, items should be decontaminated between student use by soaking in a fresh 1:10 solution of bleach and water (one-part bleach to 9 parts water) for 30 minutes. This may cause corrosion of metals over time.
- Sharps disposal
  - ALL SHARPS should be disposed of in an impervious container (not glass) by using a no touch technique. For example; hold X-Acto knife over opening of appropriate container and unscrew, letting blade fall into container. Sharps should never be discarded directly into the trash.
  - SHARPS exposed to human blood or body fluids, such as those used for blood typing, need to be considered as infectious waste and disposed of according to Missouri State laws regarding disposal of such waste. These items should be placed in a red impervious infectious waste container using the technique described above. Once the container is full, the coordinator of Environmental Services should be notified for pickup by BFI waste disposal company.

**E. Injury**

All punctures and lacerations should be reported promptly to the nurse or office for evaluation, treatment and documentation of injury.

*References:*

- Guidelines for Special Health Care Procedures in Missouri Schools, (pages C1-C2) Missouri Department of Elementary and Secondary Education, July 1990
- Association for Practitioners in Infection Control. Curriculum, 1985
- Missouri Department of Natural Resources
- Federal Register, Vol. 54, No. 102, Tuesday, May 30, 1989

**5. Bloodborne Pathogen Exposure Control Plan**

**A. Classifications**

A wide variety of viruses and bacteria are classified as blood-borne pathogens, inducing infection by entering the body through non-intact skin and mucous membranes. Some blood-borne pathogens encountered in the school environment are the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Hepatitis D Virus (HDV), Hepatitis G Virus (HGV), Cytomegalovirus (CMV), and the Parvovirus B19.

**B. Standard Precautions**

Standard Precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material are considered infectious regardless of the perceived status of the source individual. Standard Precautions apply to the use of barriers or protective measures when dealing with the following:

- Blood (e.g. lacerations, nose bleeds, abrasions, menstrual flow)
- All body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood (e.g. urine, emesis, feces)

- Non-intact skin (cuts, scrapes, dermatitis)
- Mucous membranes (oral nasal secretions)

*Reference:* Prevention and Control of Communicable Diseases. MO Department of Health and Senior Services, Bureau of Communicable Disease Control & Prevention (July 2011).

### **Hand Washing and Hand Washing Facilities**

All persons should avoid direct contact with body fluids of others, especially if the care giver has any unhealed breaks in the skin. The use of disposable gloves/barriers followed by hand washing is required for the designated care giver when body fluids are present. There may be occasions when unanticipated contact with body fluids will occur. In these circumstances, the building principal and school nurse should be notified immediately so that an evaluation of possible occupational exposure can be made.

Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials.

If hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

### **C. Guidelines for Handling Body Fluids in the School Setting**

***The body fluids of all persons must be considered infectious.*** Avoid direct skin contact with all body fluids especially if breaks in the caregiver's skin are evident. Disposable gloves are mandatory when it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials such as cleaning cuts and scraped, bloody noses. Gloves should be worn by those persons who handle diapers or student clothing soiled by feces or urine, and protective clothing may be required if there is an anticipation of contamination of their own clothing from splashes or spray.

Occasionally, there will be times when unforeseen skin contact will happen, and gloves are not immediately available. In this event, hands and all other affected skin areas must be scrubbed with copious amounts of soap and running water for 10 minutes at once or as soon as possible after contact. If exposure involves mucous membranes, the affected areas should be flushed with water or eye irrigation solution for 15 minutes or until all traces of the body fluid has been removed.

All body fluid exposures must be reported to the immediate supervisor and school nurse to determine if the contact is a true occupational exposure as defined by OSHA. If there is an obvious or suspected break in the skin or if the exposure was to mucous membrane, the individual exposed should be referred for a medical evaluation.

### **D. Handling and Disposal of Contaminated Needles/Objects/Sharps**

The primary route of exposure to blood-borne pathogens is accidental percutaneous injury caused by needle sticks or some type of sharps. Sharps include but are not limited to, needles, knives, lancets, blades, scissors, and any other object that may be contaminated with body fluids and so have the potential to puncture skin.

The sharps containers must be located in each health office. Caution should be taken not to overfill the sharps containers. The containers must be kept in a secure area in the school, away from students or other persons who may have access, accidentally or purposefully.

### **E. Personal Hygiene and Eating in the School Setting**

In areas where a reasonable likelihood of occupational exposure exist, work practice controls should include restricting eating, drinking, applying cosmetics or lip balm, and handling contact lenses. School employees should refrain from taking part in these activities in health rooms, first aid stations, or in any area where there are contaminated items or risk of exposure to potential blood-borne pathogens. Food and drink should not be kept in refrigerators, freezers, shelves, and cabinets or on countertops where blood or other potentially infectious materials are present. Employees should always wash their hands before and after work, as well as before and after meals, after bathroom use, or whenever necessary.

## **F. Specimen Handling/Specimen Containers**

If an occasion should arise when a specimen needs to be handled, a healthcare professional must collect the specimen under the specific orders of a physician. The following procedures must be followed when handling specimens:

- Appropriate personal protective equipment must be worn when obtaining the specimen
- Specimens of blood or other potentially infectious materials must be placed in a container that prevents leakage during collection, handling, processing, storage, and transportation, and the containers must be marked with a red top or labeled with a biohazard warning label
- If outside contamination of the specimen container occurs, the primary container must be placed in a second container which prevents leakage during handling and is labeled appropriately
- No mouth piping or suctioning of any blood or other body fluids is allowed

## **G. Cleaning Contaminated Equipment**

Decontamination and cleaning of all equipment and environmental and working surfaces must be completed immediately after contact with blood or other potentially infectious materials. Notify custodians as soon as possible of any accidental blood or body fluid spill.

Because Hepatitis B virus can be viable dried up to one week on surfaces, a broad-spectrum disinfectant should be used. One should be chosen that is effective not only in disinfecting fungicides and bacteria, but also viruses. The agent chosen should be pH neutral and registered by the Environmental Protection Agency, (EPA) as a tuberculocide.

## **H. Cleaning Contaminated Medical Devices**

A variety of chemical germicides has been used for purposes of reprocessing reusable heat-sensitive medical devices used in the school setting. These appear to be effective in eliminating infectious bacteria and other microorganisms, when used appropriately. They are highly effective for disinfecting medical instruments that come in contact with mucous membranes during use (e.g. forceps, tongs, otoscope probes, tweezers).

The devices must be thoroughly cleaned with soap and water to remove any debris and other organic material before being exposed to the germicide. A chemical germicide registered as a tuberculocide by the EPA kills bacteria and most viruses.

Items that do not ordinarily touch an individual or touch only intact skin are not involved in disease transmission and generally are not disinfected between uses (e.g. blood pressure cuffs, crutches). Depending on the particular pieces of equipment or item, washing with a detergent or using a low-level disinfectant may be sufficient when decontamination is needed.

## **I. Personal Protective Equipment**

Using personal protective equipment (PPE) adds another layer of insulation between being protected and being at risk for exposure to blood-borne pathogens. The kind of PPE appropriate for the assignment can vary with the task performed and the exposure expected. Such equipment can include, but is not limited to, gloves (both disposable and utility), gowns, lab coats, aprons, face masks, eye goggles, and resuscitation masks. Personal protective equipment is considered suitable only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Sikeston Public School District will provide, at no cost to the employee, personal protective equipment. The PPE will be accessible and provided in the correct size. If the employee notes an allergic sensitivity to latex or powder, hypoallergenic gloves or other similar alternatives will be made available. The school district will also maintain the personal protective equipment by means such as cleaning, repairing, or replacing as needed for ensuring that the PPE is used properly. Suitable personal protective clothing is to be worn whenever the risk of occupational exposure to body fluids or other potentially infectious materials is anticipated.

## **J. Hepatitis B Vaccine**

All employees (according to school board policy) who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional.

Employees who decline the Hepatitis B vaccine must sign a declination statement.

#### **K. Exposure Incident**

An exposure incident is contact with blood or other potentially infectious materials that may include mucous membranes, non-intact skin, or parenteral contact that results from the performance of an employee's duties.

When a school employee incurs an exposure incident, it should be reported at once to the school nurse. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The following steps will be taken once an employee has reported an exposure incident:

- Detailed information concerning the exposure incident will be given by the exposed employee to the school nurse or building supervisor documenting the date and time of exposure, details of the procedure being performed, details about the exposure source, if known, route of exposure, and any circumstances related to the incident.
- The exposed employee must sign a consent form for permission to release and exchange information with the exposed employee's medical provider.
- If at all possible, the identification of the source individual and the status of the source individual should be obtained, unless the employer can establish that identification is not feasible or prohibited by state or local law. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV/HCV infectivity. It must be noted that the results of the source individual's tests cannot be relied on solely. It is prudent to remember that HIV antibodies may not be detectable for a window of 6-12 weeks.
- The exposed employee must be directed to a healthcare professional at the time of the exposure incident for evaluation and to determine the need for HIV post-exposure prophylaxis. Follow-up for HBV and HCV infections also should be conducted. The building supervisor should provide the healthcare professional with a copy of the blood-borne pathogens standard, a description of the employee's job duties as they relate to the incident, and a report of the specific exposure, including date and time of exposure, route of exposure, and relevant employee medical records, including Hepatitis B vaccination status.
- If a severe exposure occurs involving (1) a known infected individual or (2) copious amounts of blood or other infected materials, or (3) if the exposed person is pregnant or suspected to be resistant to antiretroviral drugs, the Centers for Disease Control (CDC) has new recommendations for post exposure prophylaxis. Algorithms are provided. Infected individuals should be placed on HIV medications within one to two hours of exposure and remain on them until HIV testing is negative.
- The results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and instructions to report any related experiences to the appropriate personnel.
- The school nurse shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional will be instructed to limit their opinions to:
  - Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following the incident
  - Whether the employee has been informed of the results of the evaluation
  - Whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. All other findings or diagnoses will remain confidential and will not be included in the written report.

#### **L. Training**

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training.

The person conducting the training must have knowledge of the subject matter, and the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience addressed. An acceptable training will contain the following elements:

- Information on the epidemiology and symptoms of bloodborne diseases
- Modes of transmission of blood-borne pathogens
- An explanation of the exposure control plan, including points of the plan, lines of responsibility, how the plan will

- be implemented, and where it is located.
- Information on how to recognize tasks that might result in occupational exposure
- A list of control measures and work practices which will be used in the school to control exposure to blood or other potentially infectious materials
- Information concerning personal protective equipment available at the school
- Information on Hepatitis B vaccination, such as safety, benefits, efficacy, methods of administration, and availability
- Post-exposure evaluation and follow-up, including information on whom to contact and what to do in an emergency
- Question and answer session on any aspect of the training

#### **Resources Available for Training:**

- a. "What employees should know about Universal Precautions", Missouri Department of Health, Section of STD/HIV/AIDS Prevention and Care Services. 1992 Booklet (available free of charge from the Missouri Department of Health. See Chapter 11 for order form)
- b. Video called "Universal Precautions in Schools-Protection from Bloodborne Diseases" (Health Services library)

#### **M. Record Keeping**

The Blood-Borne Pathogen Standard requires that two types of records be kept for school employees who sustain an occupational exposure to blood or other potentially infectious materials: medical and training.

The medical record is confidential and separate from other personnel records. It may be kept in the school nurse's files on site or may be retained by the health care professional that provides services to the employees. The medical records should contain the employee's name, social security number, Hepatitis B vaccination status, including the dates of vaccination, and any medical records relative to the employee's ability to receive the vaccination.

If an occupational exposure incident should occur, results of examinations, medical testing, and post-exposure evaluation and follow-up procedures as well as the health care professional's opinion and a copy of the information provided to the medical professional is to be included. The medical records must be kept confidential and maintained for at least the duration of the employee's tenure at school, plus 30 years.

The training records are also to be retained and kept for three years from the date on which the training occurred and must be available to OSHA upon request. They should include (1) the dates of the training sessions and the content, (2) the name and qualifications of the person presenting the training, and (3) the names and job titles of all those attending the training.

Upon request, both the medical and training records must be made available to the Assistant Secretary of Labor for OSHA. The training records must also be made available to the school employee upon request. The medical records can be accessed by anyone if the employee gives written consent.

#### *Reference:*

"Occupational Exposure to Bloodborne Pathogens. Implementing OSHA Standards In a School Setting." NASN (National Association of School Nurses) Caroline Champion, RN, MSN, CSN

## **Chapter 8**

### **Individual Health Care Plan**

#### **1. Guidelines for Development of Individual Health Care Plans (IHP)**

An Individual Health Care Plan will need to be developed by the registered nurse for all students with special health needs. This would include, but is not limited to, students with chronic conditions such as Diabetes, Seizures, Cystic Fibrosis, Cancer, Sickle Cell Disease, HIV/AIDS infection, and Muscular Dystrophy. The IHP may be incorporated into the IEP (Individual Education Plan) for students qualifying for special education. An emergency action plan will also be developed to be kept with the classroom teacher and an emergency plan will be provided for the bus driver, if necessary. All training for unlicensed assistive personnel will be provided by the school nurse.

Students with Asthma will have Asthma Action Plans filled out and kept on file for quick reference. (Found in Chapter V, First Aid and Emergency). All students keeping inhalers in the nurse office will need to have an Asthma Action Plan on file.

Care plans will be approved and signed by the nurse, parent/guardian, and physician. A physician order will be necessary for any health care procedure done at school. All orders and IHP's will be updated at least annually and more frequently if needed. IHP's may be done on computer (Microsoft Word) and saved for easy review and updating. Computerized care plans are acceptable when personalized for individual student.

#### **2. Entrance Process for Students with Special Health Care Needs**

Notification about a student's health care needs should provide enough information for the school system to prepare for the student's needs and identify key family members and health personnel to assist in the assessment and planning process.

Early notification of school personnel is important for students who have special health care needs that must be met during the school day. When possible, notification should be made 3-5 months before the child begins school to allow sufficient time for the child to make a smooth transition to school.

#### **3. Role of the School Nurse:**

The school nurse is a member of the educational team. The school nurse serves as a liaison among family, community health providers, and educators to ensure that the special health care needs of the student are addressed in school. The school nurse must take a leadership role within the school in planning and providing services for students with special health care needs. The nurse must be:

- An integral member of the school multidisciplinary team,
- Competent to provide necessary clinic services,
- Sensitive to the individual needs and cultural differences of students and families,
- Able to identify and communicate health issues relevant to the student's educational program,
- Prepared to educate, train, and supervise other members of the school team when appropriate,
- In regular communication with the student's parent or guardian and health care providers.

#### 4. Definitions

**United States Department of Agriculture  
Food and Nutrition Service Instruction 783-2  
7 CRF PART 15b**

“Handicapped person” means any person who has a physical or mental impairment that substantially limits one or more major life activities, has record of such impairment, or is regarded as having such impairment.

“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

“Disability” is defined by the Americans with Disabilities Act as physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

#### **See Appendix**

*Individual Health Care Plan Consent Form*

*Specialized Health Care Plans*

*Special Health Concerns Update*

*Medical Statement for Student Requiring Special Meals*

#### 5. Diabetes

##### **See Appendix**

*Diabetes Health History Form*

*Diabetes Emergency Action Plan*

*Diabetes Check List*

*Diabetes Tips for teachers*

#### 6. Seizures

##### **See Appendix**

*Seizure Health History*

*Seizure Action Plan*

*Precautions: No Climbing on High Playground Equipment*

*Emergency Plan for non-medical staff*

*Seizure Documentation*

*Seizure Recognition and First Aid*

#### 7. Sickle Cell

##### **See Appendix**

*Sickle Cell Disease: Emergency Care Plan*

*Sickle Cell Disease Teacher Quick Guide*

## **Chapter 9**

### **Record Keeping**

#### **1. General Information**

Nurses are responsible for documenting important information regarding student health concerns on the health record. The following procedures should be followed:

- A. Use black or blue ink only
- B. Individuals recording information on the permanent record or Medication forms should sign their full name
- C. Avoid using subjective information
- D. Information stated by the student or another individual should be indicated by quotation marks.
- E. Errors made in charting should be indicated by marking through the word or phrase and writing "error" above the word or phrase. Do not "white out" the error.
- F. Abbreviations from the "Approved Abbreviations for Record Keeping" may be used in documentation.
- G. Student health concerns/medications should also be entered into the SIS program under Student Medical Data Maintenance. Update concerns/medications as needed.

#### **2. Student Master List**

Each nurse should obtain a master list of students assigned to their school approximately two weeks before school begins.

- A. Check to make sure a health record exists for each child and that their immunizations and other health data are entered into the SIS program.
- B. Update your master list at least weekly for new enrollees or withdrawals.
- C. Health Information Forms are completed during online enrollment and found under "Student Documents" in SIS. Paper copies can be sent home if needed.
- D. Run an immunization compliance report to determine if any students are due for immunizations before school begins. Send reminder letter to parent. Attach copy of immunization record.
- E. Students not in compliance with immunizations per state guidelines will not be allowed to complete enrollment or receive their schedule and books.

#### **3. Student Health Record Transactions**

- A. New Student Entering
  - Ensure Health Information Form has been completed with online enrollment materials.
  - Check immunizations to ensure compliance with state laws and record on permanent health record and enter dates into the computer.
  - New health record initiated.
  - Record any special concerns on health record and into computer.
  - File record in health room or in permanent record file.
- B. Former Student Re-Entering
  - Have parent fill out and sign a "Nurse's Permission Form."
  - Check immunizations to ensure compliance with state laws.
  - Check for prior health record. Update as necessary. If no previous folder is available for that student, prepare a new Health Record.
  - Enter new data into SIS program if necessary.
- C. Student Transferring to Another School Within the System
  - Pull Health Information Form, Medication Administration Forms, Individual Health Care Plans (if appropriate), and insert into health folder. This applies to all transfers between schools, including transfers between Elementary and Secondary schools.



D. Transfers Out of the District

- As above in Section C, plus print out SIS health record and insert all into health folder. Place health record into academic record and secretary will put folder in drop file.

**4. Employee Health Record**

At the beginning of each year, have all employees in each building fill out an "Employee Emergency Information Form". Keep in a confidential, but accessible, area of the health office in case of an emergency.

**5. Student Emergency "Disaster" List**

At the beginning of the year, place a list of students and all health concerns in the red first aid bag in your office. Update this list at the beginning of second semester.

**6. Student Health Record Confidentiality**

Student health records will be held in strict confidentiality per the following guidelines:

A. Access:

- Health records are considered the same as a student confidential file and are accessible only to professionally prepared licensed health care providers such as the school nurse, school social worker, school counselor, speech therapist and the unit administrator.
- Immunization records are not considered confidential records and may be copied and sent with a school transcript by the school secretary without signed release of records.
- SIS medical records will be restricted to school nurse and unit administrator. Exception: immunization records.

B. A student health record will be initiated at the time of enrollment. Health information will also be entered into the SIS program. Health records will be kept separated from academic records and placed in a locked file cabinet in the health office.

C. Documentation of all student health data will include recording on both the permanent record and in the SIS program under medical records. Such recording includes:

- Immunization information
- Annual screening for vision, hearing, and scoliosis
- Clinic log visits and treatment rendered. Add notes where appropriate
- Medications administered
- Accident reports
- Referrals (medical, dental, counselor, social worker)
- Allergies, if known
- Health Concerns and IHP if appropriate and related notes
- Communication with parents, and health care providers, teachers or others regarding the student's health condition or related concerns.
- Retention of all physician letters, doctor excuses or medical exclusions
- Special Education evaluations

D. Student health record creation and transmission

- Interviews with students and parents should take place in a private location.
- Telephone calls regarding a student's condition should be made in private and not in the presence of other students or staff members.
- Records containing confidential information and student log sheets should not be left open on top of a desk.
- No confidential information should be left with a secretary, on voice mail or answering machines, or on an electronic mail system.
- When records are being typed, entered into computer data bases, copied, or faxed, they should be protected from casual observers by covers or screens.
- Copiers and fax machines should be located away from student and staff traffic.

- When transferring school health records, they should be labeled *Confidential* and mailed to the appropriate health professional. Transmission by fax should use a cover sheet addressed to a specific individual and should clearly be marked *Confidential*.
- E. No part of the student record except immunizations will be released to another school district or agency without written consent of the parent or when appropriate, the student.
- F. It is a violation of a student's privacy to have his or her name and diagnosis circulated on a "health problems list" to all teachers. If a student requires special assistance, the school nurse should contact individual teachers or administrators about the functional implications of the medical condition within the classroom and during other activities, and provide written procedures necessary for health interventions and emergency plans (for example an emergency action plan for seizures).

*Reference*

"Guidelines for Protecting Confidential Student Health Information". National Task Force on Confidential Student Health Information. American School Health Association. 2000

**7. Record Retention**

Keep the following records for a period of three years:

- A. Illness/injury logs
- B. Accident reports
- C. Documentation of Head Injury Forms sent
- D. Medication logs

**8. Guidelines For Documentation of Health Room Visits**

A comprehensive system of documentation of first aid assistance and illness provided for students by school personnel will be utilized by the Sikeston Public Schools.

A. Routine Illness/Injury Log

The following information must be included in documentation recorded by school personnel:

- Name of Student
- Complaint of student
- Date and time student arrived
- Brief notation regarding action taken or assistance provided.

B. SIS

In lieu of or in addition to, the above data must also be entered into the school computer system (SIS) under the clinic log.

- Open SIS
- View/Maintain
- Medical
- Clinic Log Maintenance
- Select Date
- Enter student name and log visit

C. Accidents

Accidents that require emergency care and/or medical assistance should be recorded on the Accident/Incident Report Form. These forms should be filled out completely with all details of the accident. Copies should be placed in the student's permanent record, sent to the Health Services Coordinator and the appropriate staff member at Central Office. A note explaining the details of the accident must also be entered into the student's clinic log in SIS.

D. Head Injuries

Head injury instructions should be completed for significant head injuries, which could result in complications.

It is important to notify a parent and send the form home even if the injury does not require the student leaving school. Document on the daily log that a Head Injury letter was sent home.

**See Appendix**

*Employee Emergency Information Form*

*School Nurse Communication*

*Pregnancy Confirmation Form*

*Do Not Resuscitate (DNR) Order*

*Health Information Form*

## **Chapter 10**

### **Resource Information**

A Guide to Safe Schools, Office of Special Education & Rehabilitative Services (OSERS)

<http://www.ed.gov/about/offices/list/osers/osep/gtss.html>

Allergy & Asthma Network

<https://allergyasthmanetwork.org/>

American Academy of Allergy Asthma & Immunology

<http://www.aaaai.org/>

American Academy of Family Physicians

<http://www.aafp.org/>

American Academy of Pediatrics

<http://www.aap.org>

American Diabetes Association

<https://www.diabetes.org/>

Audio-Visual Material, MO Dept of Health & Senior Services,

<http://www.dhss.mo.gov/warehouse/>

Center for School Mental Health Analysis & Action, University of Maryland School of Medicine

<https://www.schoolmentalhealth.org/>

Center for Parent Information & Resources

<https://www.parentcenterhub.org/>

Child Welfare Information Gateway

(formerly called National Clearinghouse on Child Abuse and Neglect Information)

<http://www.childwelfare.gov/>

Children & Adults with Attention Deficit/Hyperactivity Disorder

<http://www.chadd.org/>

Education Development Center, Improving Education & Health Worldwide

<http://www.edc.org>

Emergency Medical Services for Children, Health Resources & Services Administration (HRSA)

<https://www.hrsa.gov/>

Epilepsy Foundation

<https://www.epilepsy.com/>

HeadLice.Org, National Pediculosis Association

<http://www.headlice.org/>

Healthy Schools, Healthy Youth! National Center for Chronic Disease Prevention and Health Promotion

(Formerly called Division of Adolescent and School Health)

<http://www.cdc.gov/HealthyYouth/index.htm>

Immunization Action Coalition, Vaccination Information for Health Care Professionals

<http://www.immunize.org/>

Juvenile Diabetes Foundation

<https://www.jdrf.org/>

Missouri Association of School Nurses

<http://www.missourischoolnurse.org/>

Missouri Dept of Health & Senior Services

<https://health.mo.gov/>

Missouri Health Schools (MO DESE)

<https://dese.mo.gov/college-career-readiness/curriculum/missouri-healthy-schools>

Missouri Revised Statutes

<https://revisor.mo.gov/main/Home.aspx>

Missouri Telehealth Network (University of MO extension)

<https://showmeecho.org/>

National Association of School Nurses

<http://www.nasn.org>

National Association of State Boards of Education

<http://www.nasbe.org/>

National Association of State School Nurse Consultants, Inc.

<http://www.nassnc.org/>

National Center for Chronic Disease Prevention and Health Promotion

<http://www.cdc.gov>

National Eating Disorders Association

<https://www.nationaleatingdisorders.org/help-support/contact-helpline>

National Institutes of Health

<https://www.nih.gov/>

National Institute of Dental & Craniofacial Research

(formerly called National Oral Health Information Clearinghouse)

<https://www.nidcr.nih.gov/>

National Institute on Drug Abuse

<http://www.nida.nih.gov/>

Rx List

<https://www.rxlist.com/>

National Maternal and Child Health Clearinghouse

Health Resources & Services Administration (HRSA)

<https://mchb.hrsa.gov/>

National Program for Playground Safety (NPPS)

<https://playgroundsafety.org/>

National Vaccine Injury Compensation Program (VICP), Health Resources & Services Administration (HRSA), U.S. Dept of Health & Human Services

<http://www.hrsa.gov/vaccinecompensation/>

Office of Rare Diseases, National Institutes of Health

<http://rarediseases.info.nih.gov/>

Puberty, P&G School Programs

<https://always.com/en-us/puberty-education-programs-for-teachers-students-and-parents>

School Health (MO DHSS)

<https://health.mo.gov/living/families/schoolhealth/index.php>

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/>

Tobacco Information and Prevention Source, National Center for Chronic Disease Prevention & Health Promotion

(formerly called Office on Smoking and Health, Centers for Disease Control and Prevention)

<http://www.cdc.gov/tobacco>

U.S. Consumer Product Safety Commission (CPSC)

(formerly called National Injury Information Clearinghouse)

<http://www.cpsc.gov>

U.S. Pharmacopeia

<http://www.usp.org/>

Vaccines & Immunizations

<https://www.cdc.gov/vaccines/>

World Health Organization

<http://www.who.int/>

, Appendix  
Forms

- Accident/Incident Report (Ref. pg 40)
- Allergy and Anaphylaxis Emergency Plan (Ref. pg 37)
- Asthma Notification (Ref. pg. 40)
- Asthma Plan (Ref. pg. 40)
- Asthma Toolkit (Ref. pg. 40)
- Asthma - Inhaler Procedures (Ref. pg. 40)
- Blood Pressure Screening Referral (Ref. pg. 24)
- Communication Report (Ref. pg. 49)
- Diabetes Emergency Action Plan (Ref. pg. 59)
- Diabetes Health History (Ref. pg. 59)
- Diabetes Check List (Ref. pg. 59)
- Diabetes Tips for Teachers (Ref. pg. 59)
- Do Not Resuscitate (DNR) (Ref. pg. 66)
- Emergency Form Non-Medical Staff (Ref. pg. 59)
- Early Childhood Screening (Ref. pg. 28)
- Employee Emergency Information Form (Ref. pg. 66)
- Head Injury Form (Ref. pg. 40)
- Health Education Form (Ref. pg. 30)
- Hearing Screening (Ref. pg. 23)
- Health Care Summary for Enrollment (Ref. pg. 66)
- Immunizations (Ref. pg. 32)
- Individual Health Care Plans (Ref. pg. 59)



- Insect Stings (Ref. pg. 37)
- Kindergarten Summary Screening Record (Ref. pg. 28)
- Medical Statement for Student Requiring Special meals (Ref. pg. 59)
- Medication Error Report Form (Ref. pg. 49)
- Medication and Treatment Record (Ref. pg. 49)
- Medication Inventory Record (Ref. pg. 49)
- Permission/Acknowledgement of Student Self Administration of Medication (Form 2870) (Ref. pg. 52)
- Pregnancy Confirmation (Ref. pg. 66)
- Precautions: No Climbing on High Playground Equipment (Ref. pg. 59)
- Prescription Medication Refill Request (Ref. pg. 49)
- Prescription Medication Pick Up (Ref. pg. 49)
- School Nurse Communication (Ref. pg. 66)
- Seizure Action Plan (Ref. pg. 59)
- Seizure Health History (Ref. pg. 59)
- Self-Administration Checklist (Ref. pg. 52)
- Sickle Cell Disease: Emergency Care Plan (Ref. pg. 59)
- Sickle Cell Disease Teacher Quick Guide (Ref. pg. 59)
- Specialized Health Care Plans (Ref. pg. 59)
- Special health Concerns Update (Ref. pg. 59)
- Spinal Screening (Ref. pg. 24)
- Spinal Screening Annual Report (Ref. pg. 24)
- Vision Examination – 1<sup>st</sup> Notification (Ref. pg. 21)
- Vision Examination – 2<sup>nd</sup> Notification (Ref. pg. 21)
- Vision Observation Checklist (Ref. pg. 21)

- Vision - Application for Eye HealthCare (Ref. pg. 21)
- Voluntary Dental Examination (Ref. pg. 27)
- Winter Illness Newsletter (Ref. pg. 17)



# SIKESTON PUBLIC SCHOOLS

## ACCIDENT/INCIDENT REPORT FORM

<b>TYPE OF INCIDENT:</b>				
<input type="checkbox"/> Near Miss	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Lost Time	

Name:	Grade/Job Title:	Sex:	Birth Date:	Building:
Address:				Cell Phone:
Date & Time of Incident:	Place of Incident: <input type="checkbox"/> School Building <input type="checkbox"/> Bus <input type="checkbox"/> Home <input type="checkbox"/> School grounds <input type="checkbox"/> To/From School <input type="checkbox"/> Other: _____			
Marital Status:		Number of Dependents:		
Time Work Began on Day of Incident _____ Work Days Per Week _____				
Who was in charge when incident occurred?: _____				
Were they present at scene of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What action was taken immediately? <input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Sent <b>TO</b> school nurse <input type="checkbox"/> Sent <b>FOR</b> school nurse <input type="checkbox"/> Sent to physician <input type="checkbox"/> Called 911				
Who took this action? _____ Title: _____				
If applicable, was parent/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Notified by: _____				
Name of person notified: _____ Relationship to student: _____ Time: _____				
Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No (Each witness must complete witness form.) Name(s): _____ Phone Number(s): _____				
<b>Body part(s) affected:</b>				
<input type="checkbox"/> Right	<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back
<input type="checkbox"/> Left	<input type="checkbox"/> Forearm	<input type="checkbox"/> Foot	<input type="checkbox"/> Hip	<input type="checkbox"/> Abdomen
	<input type="checkbox"/> Hand	<input type="checkbox"/> Ear	<input type="checkbox"/> Ankle	<input type="checkbox"/> Groin
	<input type="checkbox"/> Arm	<input type="checkbox"/> Elbow	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Neck
	<input type="checkbox"/> Leg	<input type="checkbox"/> Wrist	<input type="checkbox"/> Chest	<input type="checkbox"/> Mouth/Teeth
				<input type="checkbox"/> Face
				<input type="checkbox"/> Head
				<input type="checkbox"/> Heart
				<input type="checkbox"/> Ribs
				<input type="checkbox"/> Lungs
				<input type="checkbox"/> Toes: _____
				<input type="checkbox"/> Fingers: _____
<b>Nature/Type of Injury:</b>				
<input type="checkbox"/> Overexertion/Hyperextension	<input type="checkbox"/> Fall at same level	<input type="checkbox"/> Fall to different level		
<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Chemical Burn	<input type="checkbox"/> Thermal Burn		
<input type="checkbox"/> Hypothermia or Hyperthermia	<input type="checkbox"/> Struck against	<input type="checkbox"/> Struck against object		
<input type="checkbox"/> Caught in/on/in between	<input type="checkbox"/> Slip/Trip	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Hearing Loss	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Hematoma	<input type="checkbox"/> Laceration	<input type="checkbox"/> Rash	
<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Puncture	
<input type="checkbox"/> Poisoning	<input type="checkbox"/> Infection	<input type="checkbox"/> Crush	<input type="checkbox"/> Repetitive Motion	
<input type="checkbox"/> Amputation	<input type="checkbox"/> Multiple Injuries	<input type="checkbox"/> Contusion	<input type="checkbox"/> Hernia	

**Cause of Incident**

Review the list of possible causes below. The primary cause of the incident should be noted in Column 1. All contributory causes should be noted in Column 2. If the cause is not found, check #20 and provide an explanation.

1	2	Accident Causes	1	2	Accident Causes
		01 In the Line of fire			11 Correct personal protective equipment not used
		02 Balance/Traction/Grip			12 Inadequate clearance for fingers, hands, feet
		03 Rushing			13 Improperly lodged, stored, or stacked
		04 Frustration			14 Congestion in work area
		05 Fatigue			15 Wet, slippery, uneven surface
		06 Complacency			16 Poor housekeeping
		07 Lack of training			17 Inadequate lighting in area
		08 Malfunctioning equipment			18 Lack of hazard warnings
		09 Not Locking out & tagging out Machinery			19 Distracting, teasing, or horseplay
		10 Proper tool, method, or equipment not used			20 Not otherwise classified (explain below)

Description of incident (who, what, when, where, and how incident occurred. Were any unsafe acts/conditions involved? Describe Actions taken)

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Type of Student Activity: ☐ PE ☐ Recess ☐ Classroom ☐ Other: \_\_\_\_\_

Disciplinary Action: ☐ None ☐ Verbal ☐ Written ☐ Final Written ☐ Termination

Medical Treatment Facility: \_\_\_\_\_

Doctor: \_\_\_\_\_

Number of days lost from school/work? \_\_\_\_\_ Date returned to work: \_\_\_\_\_

Results or follow-up: \_\_\_\_\_

Report made by: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURES:**

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

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employment Status:	Hire Date:	Term Date:	Rate of Pay:	Frequency of Pay:	Social Security #:
				<input type="checkbox"/> Bi-Weekly (Hourly) <input type="checkbox"/> Annually	

[illegible]

Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_



## Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

### Additional Instructions:

### Contacts

Call 911 / Rescue squad: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



# ASTHMA ACTION PLAN



Asthma and Allergy  
Foundation of America  
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.



**GREEN** means **Go Zone!**

Use preventive medicine.

**YELLOW** means **Caution Zone!**

Add quick-relief medicine.

**RED** means **Danger Zone!**

Get help from a doctor.

Personal Best Peak Flow: \_\_\_\_\_

GO	Use these daily controller medicines:		
<b>You have <i>all</i> of these:</b> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Sleep through the night</li> <li>Can work &amp; play</li> </ul>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
	For asthma with exercise, take:		
<b>CAUTION</b>  <b>You have <i>any</i> of these:</b> <ul style="list-style-type: none"> <li>First signs of a cold</li> <li>Exposure to known trigger</li> <li>Cough</li> <li>Mild wheeze</li> <li>Tight chest</li> <li>Coughing at night</li> </ul>	<b>Continue with green zone medicine and add:</b>		
	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
	CALL YOUR ASTHMA CARE PROVIDER.		
<b>DANGER</b>  <b>Your asthma is getting worse fast:</b> <ul style="list-style-type: none"> <li>Medicine is not helping</li> <li>Breathing is hard &amp; fast</li> <li>Nose opens wide</li> <li>Trouble speaking</li> <li>Ribs show (in children)</li> </ul>	<b>Take these medicines and call your doctor now.</b>		
	MEDICINE	HOW MUCH	HOW OFTEN/WHEN

**GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**

Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.



## **5 Steps to Follow for an Asthma Episode in the School Setting**

***If student has excessive coughing, wheezing, shortness of breath, or chest tightness:***



**Help to an upright position; speak calmly and reassuringly**



**Follow individualized action/emergency plan for use of quick-relief inhaler**



**If quick-relief inhaler or action/emergency plan not available, send to health office accompanied by peer or with staff member**



**Get emergency help from school nurse or designated emergency staff if student has any of these:**

- Inhaler not helping
- Breathing hard & fast
- Nostrils open wide
- Can't walk or talk well

**Call  
911**

**If not breathing, unconscious, lips are blue, struggling to breathe (hunched over or ribs show), or other signs of distress**

**Notify parent or guardian.**

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Contact (631) 231-5864 X12

**STUDENTS**

**Form 2870.1**

**Student Services**

**Permission to Self-Administer Medication**

**PERMISSION/ACKNOWLEDGEMENT OF  
STUDENT SELF ADMINISTRATION OF MEDICATION**

I hereby give permission for \_\_\_\_\_ to retain in his/her possession and to self-administer \_\_\_\_\_ medication in accordance with my son/daughter's written treatment plan signed by his/her physician. This permission shall be effective during the school day, on school property, including but not limited to a school bus, and at all school activities, whether on or off school property or occurring during the regular school day.

I have provided the District with a written medical history of the Student's experience with his/her chronic health condition, ("Condition") and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the Condition.

I have provided the District with a copy of the Student's treatment plan including a physician's statement that our the Student is capable of self-administering the medication under the treatment plan, and written certification from the Student's physician, stating that the Student (a) has the aforementioned Condition and (b) is capable of, and has been instructed in, the proper method of self-administration of medication and informed of the dangers of permitting other persons to use the medicine prescribed for the Student.

I understand that the District and its employees or agents may disclose information provided in accordance the foregoing paragraphs to administrators, schools nurses, teachers, and other school employees as may be necessary to protect the health of the Student and to establish that the Student has been authorized to self-administer the medication designated above, and shall incur no liability for the disclosure of such information.

I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the Student, and that I shall be required to indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the Student. I understand that this paragraph shall not be construed as a release from liability for negligence.

I understand that this permission form is effective for the school year for which it is granted, and that a new Permission Form and supporting documentation as described above must be submitted for each school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***Sikeston R-6 Health Services  
Self-Administration of Medication Checklist***

Medication must be dispensed according to Sikeston R-6 School District Medication Policy 2870. This is not for the use of any medication that is considered a controlled substance.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Times to be used \_\_\_\_\_

**RESPONSIBILITIES FOR CARRYING MEDICATION:**

Yes ☐ No ☐ Physician's written certification

Yes ☐ No ☐ Written health history completed

Yes ☐ No ☐ Emergency Action Plan completed

Yes ☐ No ☐ Demonstrates correct use of medication

Yes ☐ No ☐ Demonstrates proper timing for medication use

Yes ☐ No ☐ Demonstrates understanding of not sharing medication with other students

Yes ☐ No ☐ Agrees to go directly to the nurse's office or seek emergency treatment if complications arise that are associated with medication, or condition for which medication is taken

**THE STUDENT (DOES / DOES NOT) DEMONSTRATE THE ABOVE SPECIFIED RESPONSIBILITIES.**

---

School Nurse Signature

Date



## Self-Administration of Inhaler Medication Student Agreement

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Inhaled Medication: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to:

- Follow my prescribing health professional's medication orders.
- Use correct medication administration technique.
- Make a note of when I use medication at school.
- Not allow anyone else to use my medication under any circumstances.
- Keep a supply of my medication with me in school and on field trips.
- Notify the school nurse or school health paraprofessional if the following occurs:
  - My symptoms continue or get worse after taking the medication.
  - My symptoms reoccur within 2-3 hours after taking the medication.
  - I think I might be experiencing side effects from my medication.
  - Other \_\_\_\_\_
- I understand that permission for self-administration of medication may be discontinued if I am unable to follow the safeguards established above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

- ☐ Verbalizes Dose \_\_\_\_\_
- ☐ Verbalizes Asthma Episode Symptoms
- ☐ Demonstrates Proper Technique
  - removes cap and shake if applicable
  - attaches spacer if applicable
  - breathes out slowly
  - presses down inhaler to release medication
  - breathes in slowly
  - holds breath for 10 seconds
  - repeats as directed.
- ☐ Verbalizes Safe Use of Inhaler

The student has demonstrated knowledge about and proper use of his/her inhaler.

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Date

**Blood Pressure Screening Referral**

Dear Parent:

Blood pressure screening is one of the preventive health services provided by the School Health Program in this district. Your son/daughter's class was recently screened as part of a health awareness initiative.

It is recommended that he/she be seen by a physician because his/her blood pressure was elevated at three different times. The readings are as follows:

Date of Screening	Blood Pressure Reading	Arm Used	
		Right Arm	Left Arm

Please have your child, \_\_\_\_\_, examined by his/her doctor. Please ask the doctor to complete the bottom portion of this form and return it to me by \_\_\_\_\_.

Nurse \_\_\_\_\_

Telephone \_\_\_\_\_

School \_\_\_\_\_

Date of Referral \_\_\_\_\_

**Physician's Report of Blood Pressure Examination**

Name of Student: \_\_\_\_\_

Examination Findings:

Recommendations and/or treatment:

Do you wish to have this student's blood pressure monitored at school?

Yes\_\_\_\_ No\_\_\_\_ If yes, how often \_\_\_\_\_

Physician's Name \_\_\_\_\_ Signature \_\_\_\_\_

Office Phone \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the school nurse listed above**

***Communication Report***

Date of Report \_\_\_\_\_

Nurse's Name \_\_\_\_\_ Fax# \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Physician's Name \_\_\_\_\_ Fax # \_\_\_\_\_

☐ Order Requested    ☐ Order Confirmation    ☐ Other \_\_\_\_\_

Report/Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Physician's Response/Orders**

☐ No New Orders    ☐ New Orders

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confidentiality Statement**

The documents accompanying this telecopy transmission contain information from Sikeston Public Schools, which is confidential and/or legally privileged. The information is intended only for the use of the Individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action based on the contents of this faxed information is **STRICTLY PROHIBITED**. If you have received this fax in error, please notify us by telephone (573-472-2581) immediately so that we can arrange for the return of the original documents to us at no cost to you.

# Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: \_\_\_\_\_ This plan is valid for the current school year: \_\_\_\_\_ – \_\_\_\_\_

## Student information

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Date of diabetes diagnosis: \_\_\_\_\_ ☐ Type 1 ☐ Type 2 ☐ Other: \_\_\_\_\_  
School: \_\_\_\_\_ School phone number: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom teacher: \_\_\_\_\_  
School nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

## Contact information

**Parent/guardian 1:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Parent/guardian 2:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Student's physician/health care provider:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency number: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Other emergency contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



## Checking blood glucose

Brand/model of blood glucose meter: \_\_\_\_\_

Target range of blood glucose:

Before meals: ☐ 90–130 mg/dL ☐ Other: \_\_\_\_\_

Check blood glucose level:

- ☐ Before breakfast    ☐ After breakfast    ☐ \_\_\_\_\_ Hours after breakfast    ☐ 2 hours after a correction dose  
☐ Before lunch    ☐ After lunch    ☐ \_\_\_\_\_ Hours after lunch    ☐ Before dismissal  
☐ Mid-morning    ☐ Before PE    ☐ After PE    ☐ Other: \_\_\_\_\_  
☐ As needed for signs/symptoms of low or high blood glucose    ☐ As needed for signs/symptoms of illness

Preferred site of testing: ☐ Side of fingertip ☐ Other: \_\_\_\_\_

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:

- ☐ Independently checks own blood glucose  
☐ May check blood glucose with supervision  
☐ Requires a school nurse or trained diabetes personnel to check blood glucose  
☐ Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM): ☐ Yes ☐ No Brand/model: \_\_\_\_\_

Alarms set for: Severe Low: \_\_\_\_\_ Low: \_\_\_\_\_ High: \_\_\_\_\_

Predictive alarm: Low: \_\_\_\_\_ High: \_\_\_\_\_ Rate of change: Low: \_\_\_\_\_ High: \_\_\_\_\_

Threshold suspend setting: \_\_\_\_\_

## Additional information for student with CGM

- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level. If the student has signs or symptoms of hypoglycemia, check fingertip blood glucose level regardless of the CGM.
- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer's instructions on how to use the student's device.

Student's Self-care CGM Skills	Independent?	
The student troubleshoots alarms and malfunctions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a HIGH alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a LOW alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student can calibrate the CGM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The student should be escorted to the nurse if the CGM alarm goes off: ☐ Yes ☐ No

Other instructions for the school health team: \_\_\_\_\_



## Hypoglycemia treatment

Student's usual symptoms of hypoglycemia (list below): \_\_\_\_\_

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than \_\_\_\_\_ mg/dL, give a quick-acting glucose product equal to \_\_\_\_\_ grams of carbohydrate.

Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than \_\_\_\_\_ mg/dL.

Additional treatment: \_\_\_\_\_

**If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):**

- Position the student on his or her side to prevent choking.
- Give glucagon:
 

<input type="checkbox"/> 1 mg	<input type="checkbox"/> ½ mg	<input type="checkbox"/> Other (dose) _____
• Route:	<input type="checkbox"/> Subcutaneous (SC)	<input type="checkbox"/> Intramuscular (IM)
• Site for glucagon injection:	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Arm <input type="checkbox"/> Thigh <input type="checkbox"/> Other: _____
- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.

## Hyperglycemia treatment

Student's usual symptoms of hyperglycemia (list below): \_\_\_\_\_

- Check ☐ Urine ☐ Blood for ketones every \_\_\_\_\_ hours when blood glucose levels are above \_\_\_\_\_ mg/dL.
- For blood glucose greater than \_\_\_\_\_ mg/dL AND at least \_\_\_\_\_ hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over \_\_\_\_\_ mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices): \_\_\_\_\_ ounces per hour.

Additional treatment for ketones: \_\_\_\_\_

- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.

## Insulin therapy

Insulin delivery device: ☐ Syringe ☐ Insulin pen ☐ Insulin pump

Type of insulin therapy at school: ☐ Adjustable (basal-bolus) insulin ☐ Fixed insulin therapy ☐ No insulin

## Insulin therapy (continued)

### Adjustable (Basal-bolus) Insulin Therapy

- **Carbohydrate Coverage/Correction Dose:** Name of insulin: \_\_\_\_\_
- **Carbohydrate Coverage:**
  - Insulin-to-carbohydrate ratio:** \_\_\_\_\_ **Lunch:** 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate
  - Breakfast:** 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate **Snack:** 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate

#### Carbohydrate Dose Calculation Example

$$\frac{\text{Total Grams of Carbohydrate to Be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}} = \text{Units of Insulin}$$

**Correction dose:** Blood glucose correction factor (insulin sensitivity factor) = \_\_\_\_\_ Target blood glucose = \_\_\_\_\_ mg/dL

#### Correction Dose Calculation Example

$$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{Units of Insulin}$$

**Correction dose scale** (use instead of calculation above to determine insulin correction dose):

Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units      Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units

Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units      Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student's insulin-to-carb ratio and insulin correction factor.

#### When to give insulin:

##### Breakfast

- ☐ Carbohydrate coverage only
- ☐ Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_\_ mg/dL and \_\_\_\_\_ hours since last insulin dose.
- ☐ Other: \_\_\_\_\_

##### Lunch

- ☐ Carbohydrate coverage only
- ☐ Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_\_ mg/dL and \_\_\_\_\_ hours since last insulin dose.
- ☐ Other: \_\_\_\_\_

##### Snack

- ☐ No coverage for snack
- ☐ Carbohydrate coverage only
- ☐ Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_\_ mg/dL and \_\_\_\_\_ hours since last insulin dose.
- ☐ Correction dose only: For blood glucose greater than \_\_\_\_\_ mg/dL AND at least \_\_\_\_\_ hours since last insulin dose.
- ☐ Other: \_\_\_\_\_

**Insulin therapy** (continued)**Fixed Insulin Therapy** Name of insulin: \_\_\_\_\_☐ \_\_\_\_\_ Units of insulin given pre-breakfast daily☐ \_\_\_\_\_ Units of insulin given pre-lunch daily☐ \_\_\_\_\_ Units of insulin given pre-snack daily☐ Other: \_\_\_\_\_**Parents/Guardians Authorization to Adjust Insulin Dose**☐ Yes ☐ No Parents/guardians authorization should be obtained before administering a correction dose.☐ Yes ☐ No Parents/guardians are authorized to increase or decrease correction dose scale within the following range:  
+/- \_\_\_\_\_ units of insulin.☐ Yes ☐ No Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: \_\_\_\_\_ units per prescribed grams of carbohydrate, +/- \_\_\_\_\_ grams of carbohydrate.☐ Yes ☐ No Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range:  
+/- \_\_\_\_\_ units of insulin.**Student's self-care insulin administration skills:**☐ Independently calculates and gives own injections.☐ May calculate/give own injections with supervision.☐ Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.☐ Requires school nurse or trained diabetes personnel to calculate dose and give the injection.**Additional information for student with insulin pump****Brand/model of pump:** \_\_\_\_\_ **Type of insulin in pump:** \_\_\_\_\_**Basal rates during school:** Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_ Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_

Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_ Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_

Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_

**Other pump instructions:** \_\_\_\_\_**Type of infusion set:** \_\_\_\_\_**Appropriate infusion site(s):** \_\_\_\_\_☐ For blood glucose greater than \_\_\_\_\_ mg/dL that has not decreased within \_\_\_\_\_ hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.☐ For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen.☐ For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.**Physical Activity**

May disconnect from pump for sports activities:

☐ Yes, for \_\_\_\_\_ hours☐ No

Set a temporary basal rate:

☐ Yes, \_\_\_\_\_ % temporary basal for \_\_\_\_\_ hours☐ No

Suspend pump use:

☐ Yes, for \_\_\_\_\_ hours☐ No

**Additional information for student with insulin pump** (continued)

Student's Self-care Pump Skills	Independent?	
Counts carbohydrates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates correct amount of insulin for carbohydrates consumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administers correction bolus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets basal profiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets temporary basal rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changes batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnects pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconnects pump to infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares reservoir, pod, and/or tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inserts infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots alarms and malfunctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Other diabetes medications**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_

**Meal plan**

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast		_____ to _____
Mid-morning snack		_____ to _____
Lunch		_____ to _____
Mid-afternoon snack		_____ to _____

Other times to give snacks and content/amount: \_\_\_\_\_

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): \_\_\_\_\_

Special event/party food permitted: ☐ Parents'/Guardians' discretion ☐ Student discretion**Student's self-care nutrition skills:**

- ☐ Independently counts carbohydrates
- ☐ May count carbohydrates with supervision
- ☐ Requires school nurse/trained diabetes personnel to count carbohydrates



## Physical activity and sports

A quick-acting source of glucose such as ☐ glucose tabs and/or ☐ sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat ☐ 15 grams ☐ 30 grams of carbohydrate ☐ other: \_\_\_\_\_

☐ before ☐ every 30 minutes during ☐ every 60 minutes during ☐ after vigorous physical activity ☐ other: \_\_\_\_\_

If most recent blood glucose is less than \_\_\_\_\_ mg/dL, student can participate in physical activity when blood glucose is corrected and above \_\_\_\_\_ mg/dL.

Avoid physical activity when blood glucose is greater than \_\_\_\_\_ mg/dL or if urine/blood ketones are moderate to large.

(See **Administer Insulin** for additional information for students on insulin pumps.)

## Disaster plan

To prepare for an unplanned disaster or emergency (72 hours), obtain emergency supply kit from parents/guardians.

☐ Continue to follow orders contained in this DMMP.

☐ Additional insulin orders as follows (e.g., dinner and nighttime): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Other: \_\_\_\_\_

## Signatures

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider

Date

I, (parent/guardian) \_\_\_\_\_, give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) \_\_\_\_\_ to perform and carry out the diabetes care tasks as outlined in (student) \_\_\_\_\_ Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian

Date

Student's Parent/Guardian

Date

School Nurse/Other Qualified Health Care Personnel

Date



## EMERGENCY ACTION PLAN

# Hypoglycemia – Diabetes

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student  
Picture

### Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Health Office/School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

### AN EPISODE OF HYPOGLYCEMIA MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

#### Are any of these signs and symptoms present and severe?

- ✓ Shaking
- ✓ Fast heartbeat
- ✓ Sweating
- ✓ Anxiety, irritability

**Onset may be sudden and can progress to a life threatening low blood sugar.**  
**If untreated seizures and even death can occur.**

### DO THIS – do not delay treatment.

**TREATMENT:** Stop any activity. Do not leave the student alone.

Accompany the student to the Health Office for treatment, if possible (blood glucose and monitoring).

Access assistance from the school nurse, if possible.

#### **Proceed with the following care per healthcare provider's instructions:**

☐ Give snack: ½ to ¾ cup juice, 3 – 4 glucose tabs, or hard candy.

☐ Give glucose gel for emergency care.

☐ Give glucagon if unresponsive, unable to swallow, or unable to follow directions. After glucagon is given, call 911.

Glucagon should be given without delay if student is unconscious or experiencing a seizure.

Location of student's glucagon: \_\_\_\_\_ Route (injection or intranasal): \_\_\_\_\_

Site on body for glucagon if given by injection: \_\_\_\_\_

Staff member(s) trained by school nurse to administer glucagon to this student: \_\_\_\_\_

**Call parents as soon as possible. Have a staff member accompany the student to medical care if needed – do not leave the student unattended. If on a field trip, notify the school nurse at: \_\_\_\_\_**

If glucagon is given, call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Plan written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.*

*In the event of an emergency, care will be initiated and parents will be contacted.*

*This plan is in effect for the current school year only.*

# SN CHAT

School Nurse Chronic Health Assessment Tool

**Some symptoms to watch for:**

- ☐ cold sweats
- ☐ paleness
- ☐ faintness, dizziness
- ☐ headache
- ☐ pounding of heart, trembling, nervousness
- ☐ blurred vision
- ☐ hunger
- ☐ sleepiness or inability to awaken
- ☐ grouchingness
- ☐ personality changes
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Causes:**

- too much insulin
- not enough food
- unusual amount of exercise
- delayed meal

**What to do:**

- ☐ Take 2-3 Glucose Tablets (4-5g per tablet), liquids or food containing sugar like orange juice or regular soda.
- ☐ check blood sugar level
- ☐ do not give extra insulin
- ☐ do not give anything by mouth if unconscious
- ☐ if unconscious, call 911 [give Glucagon according to Health Plan or package instructions]
- ☐ call parents

**LOW BLOOD SUGAR**

**HIGH BLOOD SUGAR**

**Symptoms to watch for:**

- ☐ increased thirst and urination
- ☐ large amounts of sugar in the blood
- ☐ ketones in urine
- ☐ fatigue

If high blood sugar is left untreated, the following symptoms may occur (signs of ketoacidosis):

- weakness, pains in stomach, aching all over
- heavy, laboured breathing
- loss of appetite, nausea and vomiting

**Causes:**

- not enough insulin
- too much food
- infection, fever, illness
- emotional stress/excitement
- reaction to pain

**What to do:**

- ☐ parents or \_\_\_\_\_ immediately according to Health Plan
- ☐ take fluids without sugar if able to swallow
- ☐ test blood sugar frequently
- ☐ test urine for ketones
- ☐ if stated in Health Plan, administer insulin



# TIPS FOR TEACHERS OF STUDENTS WITH DIABETES

(Adapted from Loudoun County, VA Public Schools' *10 Tips for Teachers*)



## 1. EVERY CHILD WITH DIABETES IS DIFFERENT.

Each and every child with diabetes may have different symptoms of low blood sugar. Although many of the symptoms may be similar, they will not always be the same. Situations that can affect your student's blood sugar are: insulin, food intake, exercise, illness, stress and/or any changes in routine. Soon you will get to know your own student's unique individuality and their typical reactions to low blood sugar.

## 2. DON'T DRAW UNNECESSARY ATTENTION TO YOUR STUDENT'S CONDITION.

Your student with diabetes may have to eat snacks periodically in the classroom. In addition to your student's designated snack time, remember that he or she **MUST** eat whenever they feel low. This is imperative, especially if the student is unable to have his or her blood sugar level checked first. This is **NOT** a choice for the child with diabetes, but a necessity!

## 3. PROVIDE INCONSPICUOUS AND GENTLE REMINDERS.

Pay close attention to your student's regular snack time. Not all children (especially the very young) can tell time, or are going to remember their snack time. If you haven't noticed them eating, pass them a note or work out a special "password" between the two of you that reminds them of their snack time.

## 4. DO NOT PUT A "LABEL" ON THE STUDENT WITH DIABETES.

Never single a child with diabetes out as the "diabetic" kid. First and foremost, the child with diabetes needs and wants to feel unique and special, just like every other student in your class.

## 5. DO NOT SYMPATHIZE: EMPATHIZE.

A child with diabetes does not want or need your sympathy. These children need understanding, acceptance and support. Educate yourself in every way possible about diabetes. Learn how it may affect them and have compassion for how they must live their lives each and every day.

## 6. ALWAYS BE PREPARED.

Always carry a quick and portable snack **WHENEVER** you and your student with diabetes leave the classroom or the school grounds. This is especially important during fire drills, earthquake drills, field trips, special presentations and/or assemblies. A small can of juice together with crackers may work best.

## 7. USE THE BUDDY SYSTEM.

If your student with diabetes tells you he or she feels low, then give the student a quick-acting carbohydrate snack such as fruit juice, regular soda, or glucose tabs. If your student needs to see the nurse, **ALWAYS** send a "buddy" (someone who won't object) with them. **Never leave a child alone or sent anywhere alone when experiencing low blood sugar.**

## 8. ALLOW UNRESTRICTED BATHROOM BREAKS.

When given the opportunity, let the child with diabetes know that it's okay to go to the bathroom **WHENEVER** necessary and have a water bottle when blood sugar is high. If their blood sugar is running high, their body's natural response is to eliminate the extra glucose by using the bathroom. Don't make them feel embarrassed by having to ask you for permission.

## 9. BE PATIENT.

Be patient if the student with diabetes has minor problems with organization. High and/or low blood sugar levels may make it difficult for them to concentrate at times. You may have to repeat some things, especially if they've been to the nurse's office during class time.

## 10. KEEP THE LINES OF COMMUNICATIONS OPEN.

Always work as a team with the student, caregivers, school nurse and other educators. If there is a special school party or occasion where "treats" are to be served, let the family know in advance, if possible. This allows the family to discuss the options with the child so that he or she can make responsible choices. Often, many treats can be worked into the child's meal plan.

## 11. KNOWLEDGE IS POWER.

Learn as much as you can about diabetes in children. Consider completing a training to enable you to perform essential key diabetes care tasks such as blood glucose monitoring and insulin and glucagon administration. Your willingness to learn about diabetes and being prepared to perform care tasks or provide supervision as necessary will ensure a safe classroom environment and enable your student to attain optimal academic performance.

**For more information, go to [www.diabetes.org](http://www.diabetes.org) or call 800-DIABETES.**



***Do Not Resuscitate (DNR) Order***

I, \_\_\_\_\_, (print full name) DO NOT AUTHORIZE  
 CARDIOPULMONARY RESUSCITATION. I (or my legal representative) understand that this order  
 remains in effect until revoked by me (or my legal representative) or the attending physician. I (or  
 my legal representative) acknowledge that cardiopulmonary resuscitation (CPR) will not be  
 performed if breathing or heart beat stops. (The signatures of [a] the patient OR legal  
 representative, [b] the physician, and [c] two witnesses are required.)

\_\_\_\_\_  
 Printed name of patient                      Signature of patient                      Date

\_\_\_\_\_  
 Printed name of physician                      Signature of physician                      Date

\_\_\_\_\_  
 Effective date

\_\_\_\_\_  
 Printed name of witness                      Signature of witness                      Date

\_\_\_\_\_  
 Address of witness

\_\_\_\_\_  
 Printed name of witness                      Signature of witness                      Date

\_\_\_\_\_  
 Address of witness

Legal Representative's Signature of Consent for Patient Lacking Decision-Making Capacity  
 (If the patient lacks decision-making capacity, then a signature in this section is required.)

\_\_\_\_\_  
 Printed name of (circle appropriate title): legal guardian OR durable power of attorney for  
 health care agent OR surrogate decision maker

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Signature of legal representative                      Date

**\*Attach copy of this DNR order to the Emergency Action Plan.**

## **STUDENTS WITH SPECIAL HEALTH CARE NEEDS** **EMERGENCY PLAN NON-MEDICAL STAFF**

STUDENT NAME : \_\_\_\_\_ DOB: \_\_\_\_\_ TEACHER: \_\_\_\_\_ RM/GRADE : \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PREFERRED HOSPITAL: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHYSICIAN TEL: \_\_\_\_\_ PHYSICIAN FAX: \_\_\_\_\_

### **STUDENT-SPECIFIC EMERGENCIES**

#### ***IF YOU SEE THIS***

#### ***DO THIS***

--	--

#### **IF AN EMERGENCY OCCURS:**

1. If the emergency is life-threatening, immediately call 911.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or school nurse.
  - a. State who you are.
  - b. State where you are.
  - c. State problem.

#### **DOCUMENTATION OF STAFF TRAINING**

**DATE:**


**TRAINED BY:**


**STAFF NAME:**


**Sikeston Public Schools**  
**ECE Annual Screening Summary**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

PAT Family: Yes \_\_\_\_\_ No \_\_\_\_\_

**Health**      \*\* Immunization Record \*\*      Circle One      Yes / No

Any Health concerns?    Yes    No    Comments \_\_\_\_\_

Head Circumference \_\_\_\_\_ (24 mo. Or less)

Dental \_\_\_\_\_ Comments \_\_\_\_\_

**Vision**

Does child wear glasses?    Yes \_\_\_\_\_ No \_\_\_\_\_

Pupil Reaction \_\_\_\_\_ Corneal Light Reflex \_\_\_\_\_ Reaches & Moves towards Objects \_\_\_\_\_

Blinks \_\_\_\_\_ Tracking/Horizontal \_\_\_\_\_ Tracking/Vertical \_\_\_\_\_ Alternate Cover \_\_\_\_\_

Acuity: R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_ Comments \_\_\_\_\_

Screened With \_\_\_\_\_ or Without \_\_\_\_\_ Glasses

Screener \_\_\_\_\_ Date \_\_\_\_\_

**Denver II – Birth thru 4 Months**

Personal Social \_\_\_\_\_ Fine Motor \_\_\_\_\_ Language \_\_\_\_\_

Gross Motor \_\_\_\_\_ Comments: \_\_\_\_\_

Screener \_\_\_\_\_ Date \_\_\_\_\_

**ASQ-3 4 Months thru 3 Years 6 Months**

Communication \_\_\_\_\_ / 60

Fine Motor \_\_\_\_\_ / 60

Personal/Social \_\_\_\_\_ / 60

Gross Motor \_\_\_\_\_ / 60

Problem Solving \_\_\_\_\_ / 60

Screener \_\_\_\_\_ Date \_\_\_\_\_

**Dial-4 – 4 by July 31**

(Percentile)      (Circle One)

Motor \_\_\_\_\_ PD    Ok

Concepts \_\_\_\_\_ PD    OK

Language \_\_\_\_\_ PD    OK

Total Score \_\_\_\_\_ PD    OK

**Speech/Hearing**

How many ear infections in last year? \_\_\_\_\_ Comments \_\_\_\_\_

Articulation:                  Pass    Monitor    Comments \_\_\_\_\_

Informal/Audiometer:    Normal    Fail    Inconsistent

Tympanometer:            L \_\_\_\_\_ R \_\_\_\_\_ Unable to do

Language Comments \_\_\_\_\_

Screener \_\_\_\_\_ Date \_\_\_\_\_

**Parent Conference**

If your child qualifies for the ECE program, would you be interested in enrolling Him/her?    Yes \_\_\_\_\_ No \_\_\_\_\_

CA = \_\_\_\_\_

Dial-4-Self Help \_\_\_\_\_ Social \_\_\_\_\_

OVERALL% = \_\_\_\_\_

Parent Signature \_\_\_\_\_

## Sikeston R6 Health Services

### Employee Emergency Information Form

#### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### Emergency Contact Information

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

#### Medical Information

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any medical information that you would like the district to be aware of in order to adequately assist you in an emergency.

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#### Notice

Schools in this district are equipped with prefilled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by the school nurse in accordance with written protocols provided by the authorized provider, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR NURSE USE ONLY:

**Baseline Measurements** Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_

Dear Parent(s)/Guardian:

It is nearing time for our students to view the videos introducing them to puberty and the changes they will experience. The students will view "Always Changing-Girls" or "Always Changing-Boys" by P&G School Programs. Much care has been taken in the selection of these videos. The Always Changing® and Growing Up Program is based on national research and consultation with school nurses, health educators, parents and medical professionals. Both videos are recommended for this age group and are excellent. The video will explain the body changes that your child will experience as he/she matures.

The Always Changing® and Growing Up Program helps both boys and girls:

- Understand the physical and emotional changes they experience during puberty, and acknowledge these changes as a normal part of growth and development.
- Learn the physiology of their bodies and correct terminology for parts of the reproductive system.
- Understand that personal hygiene is each individual's responsibility.

The boys and girls will view the video separate from each other under nurse or teacher supervision. There will not be a question and answer time. Students will be told to speak with parents or a responsible adult.

The video will be shown to students on \_\_\_\_\_.

If you have any questions, desire additional information, or do not want your child to participate, please do not hesitate to call me during regular school hours.

Sincerely,

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Phone # \_\_\_\_\_



# Sikeston R-6 Public Schools HEALTH INFORMATION FORM

All information remains  
confidential.

## PART 1: PARENT OR GUARDIAN TO COMPLETE.

STUDENT NAME: LAST	FIRST	M.I.	SEX:	DATE OF BIRTH:	GRADE:
STREET ADDRESS: (Physical Address; No PO boxes):			CITY:	STATE:	ZIP CODE:
FATHER/STEPFATHER/GUARDIAN:		WORK PHONE:	CELL PHONE:	HOME PHONE:	
MOTHER/STPMOTHER/GUARDIAN:		WORK PHONE:	CELL PHONE:	HOME PHONE:	
EMERGENCY CONTACT, RELATIONSHIP TO STUDENT:		WORK PHONE:	CELL PHONE:	HOME PHONE:	
EMERGENCY CONTACT, RELATIONSHIP TO STUDENT:		WORK PHONE:	CELL PHONE:	HOME PHONE:	
HEALTHCARE PROVIDER:		DENTIST:			

## PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent or guardian is responsible for providing the school with any special medication, special food, or equipment that the student will require during the school day.

☐ **ALLERGIES**   ☐ Medication \_\_\_\_\_   ☐ Foods \_\_\_\_\_   ☐ Animal/Insects \_\_\_\_\_

☐ **ASTHMA**   ☐ Inhaler   ☐ Nebulizer Treatment

☐ **ATTENTION DEFICIT DISORDER (ADD/ADHD)** Medication: \_\_\_\_\_

☐ **DIABETES** Medication: \_\_\_\_\_   ☐ **VISION CONDITION**   ☐ Glasses/Contacts

☐ **SEIZURE DISORDER** Medication: \_\_\_\_\_   ☐ **HEARING CONDITION**   ☐ Hearing Aid \_\_\_\_ Right \_\_\_\_ Left

☐ **OTHER HEALTH CONCERNS** \_\_\_\_\_

### MEDICATION POLICY

- Only **prescription** medication will be given at school. It must be brought to school by the parent/guardian in the original bottle with the authorized prescriber's order and instructions on the label. A permission form must be signed by the parent/guardian. The medication must have a proper medication label including the student's name, date, dosage, and time to be given.
- Sample** and **over-the-counter** medications will only be given with an authorized prescriber's order.
- When a school nurse is not available, medication will be given by a staff member who has been trained in medication administration.
- My child has permission to take the following medications:**  
☐ Acetaminophen   and/or   ☐ Ibuprofen

**ONLY** students attending Sikeston High School are allowed to carry and self-administer **over-the-counter** medication with parental permission. The medication must be in the original container. Students are **NOT** to accept medication from or give medication to another student.

My child has permission to self-administer **over-the-counter** medication and agrees to follow school policy regarding self-administration.

☐ Yes   ☐ No

### NOTICE

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered by the school nurse or other trained personnel in the event of life threatening emergencies involving anaphylaxis or asthma.

### \*\*\*\*SIGNATURE REQUIRED BY PARENT/GUARDIAN\*\*\*\*

My signature below verifies the above information to be accurate. I also permit the school nurse to contact my child's healthcare provider and share information with school staff as deemed appropriate to provide for my child's health and safety.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

***Ear Exam Referral***

Dear Parent/Guardian:

Today an examination of your child's ear canals with an otoscope revealed the following:

\_\_\_\_\_Your child's ears were found to be normal.

\_\_\_\_\_Abnormal findings (listed by number) were: \_\_\_\_\_

- | Right     | Left  |  |
|-----------|-------|--|
| 1. _____  | _____ | Ear canal free of cerumen (wax)                |
| 2. _____  | _____ | Ear canal contains small amount of cerumen     |
| 3. _____  | _____ | Ear canal normal                               |
| 4. _____  | _____ | Tympanic membrane (ear drum) visible           |
| 5. _____  | _____ | Membrane is pearly white                       |
| 6. _____  | _____ | Membrane reflects light from otoscope          |
| 7. _____  | _____ | Ear canal contains excessive amount of cerumen |
| 8. _____  | _____ | Ear canal red and swollen                      |
| 9. _____  | _____ | Foul smelling drainage noted                   |
| 10. _____ | _____ | Abnormal color _____                           |
| 11. _____ | _____ | Abnormal light reflection _____                |
| 12. _____ | _____ | Foreign body                                   |

\_\_\_\_\_ PLEASE CONSULT YOUR PHYSICIAN FOR RECOMMENDATIONS.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your cooperation.

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

## Sikeston R-6 Health Services Field Trip Form

### Field Trip Information:

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Activities Planned: \_\_\_\_\_

\_\_\_\_\_

Special qualifications of chaperones needed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

### Field Trip Checklist for School Nurse:

School nurses will review this list with appropriate staff member(s). When medication training and other student medical issues have been resolved, the nurse will complete the checklist, which will then be submitted for the principal's approval.

- ☐ Medication training completed by the employee designated to administer and maintain medications (including inhalers, Epi-pens, etc.)
- ☐ Necessary arrangements/training made for any students needing procedures (catheterizations, tube feedings, etc.)
- ☐ Necessary arrangements/training for students with special medical conditions (diabetes, asthma, seizure disorders, cardiac condition, etc.)
- ☐ Arrangements made for special equipment needed (wheelchair, etc.)
- ☐ Access to emergency medical services.
- ☐ Lunch/snack arrangements made in consideration of students with food allergies.



- ☐ School nurse recommendations on additional supplies needed (first-aid kit, water, sunscreen, etc.)
- ☐ Nurse care plans reviewed/provided to appropriate staff as needed.
- ☐ Communication availability (access to cell phones, walkie-talkies for staff during activity, etc.)
- ☐ Other medical or safety issues addressed.

School Nurse Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

**Field Trip Medication Sign Out/In:**

Student Name	Medication	#

Signed out by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed in by: \_\_\_\_\_ Date: \_\_\_\_\_



## Sikeston R-6 Health Services Illness Letter

Dear Parent(s)/Guardian:

Your child \_\_\_\_\_ was seen in the nurse's office today for  
\_\_\_\_\_ and had a fever of \_\_\_\_\_.

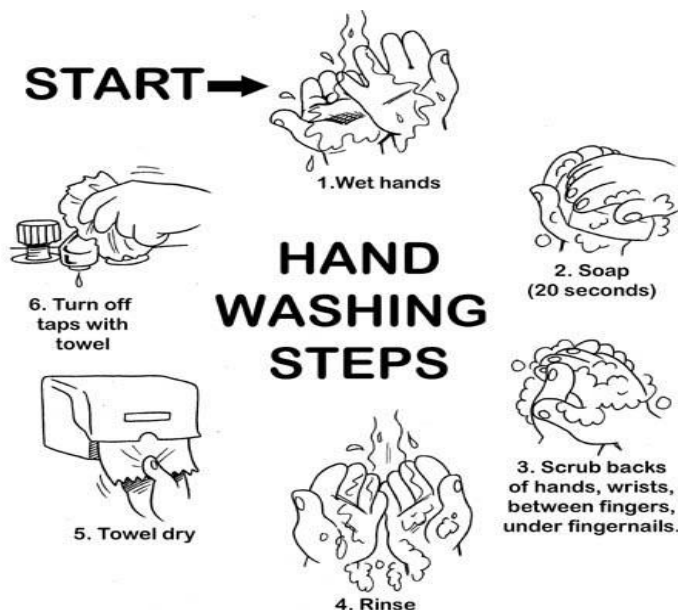
Your child should be **FREE** of fever ( $>100.4$ ) for 24 hours **WITHOUT** medication to reduce fever [Tylenol, Ibuprofen] before returning to school. Temperatures that are normal in the morning will often be elevated by afternoon. Try to take your child's temperature **BEFORE** you give fever reducing medicine.

Please contact your child's school nurse when he/she is too ill to attend school and inform them about the symptoms your child is experiencing. The child may return to school when serious symptoms disappear and he/she has been fever free 24 hours without fever reducing medication or has been instructed by the physician to do so.

Thank you for your cooperation in helping us to keep the children of Sikeston Public Schools healthy. If you have any further questions, please contact your school nurse.

Sincerely,

Sikeston Public Schools  
Nursing Staff



***Immunizations***

Dear Parent or Guardian:

Our records indicate that your child needs the following immunization(s) to meet the requirements for school attendance. State health regulations require documentation of up-to-date immunization status, including month, day & year of each immunization or appropriate exemption forms on file before attending school.

**DIPHTHERIA, TETANUS, PERTUSSIS OR TETANUS DIPHTHERIA**

- ☐ Series incomplete (\_\_\_\_\_dose(s) needed)  
☐ Last dose of DTaP, DTP, DT was received before fourth birthday  
☐ Tdap (tetanus, diphtheria, & pertussis) vaccine is required for students enrolled in the **8<sup>th</sup>** grade and have not received a Td booster dose within the past two years

**POLIO**

- ☐ Series incomplete (\_\_\_\_\_dose(s) needed)  
☐ Last dose of Polio was received before fourth birthday and student has received less than 4 doses  
☐ Less than 6 months between 2<sup>nd</sup> & 3<sup>rd</sup> dose  
☐ Series was combination of OPV and IPV (4 doses are required at any age)

**MEASLES MUMPS AND RUBELLA**

- ☐ Measles immunization \_\_\_\_\_ Rubella immunization \_\_\_\_\_ Mumps immunization \_\_\_\_\_  
☐ Second Measles Immunization  
☐ Re-vaccination for Measles Rubella Mumps is required when vaccine was received before first birthday (circle vaccine(s) needed) Our records show:  
 Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Immunized \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEPATITIS B**

- ☐ Hepatitis B series incomplete Doses needed to complete series: (\_\_\_\_ dose(s)) (grades K-12)

**VARICELLA**

- ☐ Varicella must be on or after first (1<sup>st</sup>) birthday or statement from the parent that the child has had the chicken pox.  
☐ Second dose of varicella vaccine required for all children entering kindergarten. If the child has had varicella (chickenpox), a licensed doctor of medicine (MD) or doctor of osteopathy (DO) may sign and place on file with the school a written statement documenting the month & year of previous disease as evidence of having had the disease. Parental/guardian statements will no longer be accepted.

**HIB**

- ☐ Series incomplete (\_\_\_\_dose(s) needed)  
☐ Last dose of Hib received before first birthday.

**PCV**

- ☐ Series incomplete (\_\_\_\_dose(s) needed)  
☐ Last dose of PCV received before first birthday.

**MCV**

- ☐ At least one dose of meningococcal vaccine is required for all 8th grade students  
☐ Two doses of meningococcal vaccine is required for all 12th grade students unless the first dose of MCV was at age 16 or older, in which case only one dose is required.  
 Last dose received: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Your child will not be allowed to enroll or attend classes until the above information has been provided to the school.** If your child has already had the immunization(s) checked above, please send or bring a copy of the official record to school no later than \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## Consent for Release of Information

Date of Request\_\_\_\_\_

Student's Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Address\_\_\_\_\_ Telephone #\_\_\_\_\_

SSN \_\_\_\_\_ Medicaid #\_\_\_\_\_

We, the parent or legal guardian, request release of the following confidential information:

FROM \_\_\_\_\_ TO \_\_\_\_\_

- ☐ Cumulative permanent school records
- ☐ Psychological reports
- ☐ Health records
- ☐ Special education records including: active IEP and current Diagnostic Summary
- ☐ Other (Specify):\_\_\_\_\_

This information is requested for the following reason(s):

- ☐ Transfer of student to this/another district
- ☐ New enrollment/re-enrollment
- ☐ Hospitalization
- ☐ Contractual placement
- ☐ Other (Specify):\_\_\_\_\_

I understand that my records are protected by state and federal law, and cannot be disclosed without my consent unless otherwise provided by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance hereon.

Signed by: \_\_\_\_\_

Date\_\_\_\_\_

A COPY OF THE SIGNED RELEASE IS TO BE PLACED IN THE STUDENT'S CONFIDENTIAL FILE

Records Received by: \_\_\_\_\_

Date\_\_\_\_\_



# Sikeston R-6 Health Services

## BEE OR INSECT ALLERGY FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/work: \_\_\_\_\_

Health Care Provider (name) treating bee allergy: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you think your student's bee allergy may be life-threatening? ☐ No ☐ Yes

(If YES, please see the school nurse as soon as possible.)

Does your student's health care provider think the bee allergy may be life-threatening? ☐ No ☐ Yes

(If YES, please see the school nurse as soon as possible.)

### History and Current Status

What type of stinging bee or insect has your student reacted to? \_\_\_\_\_

How many times has your student had a reaction? ☐ Never ☐ Once ☐ More than once, please describe: \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Are the reactions: ☐ staying the same ☐ getting worse ☐ getting better

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction? ☐ No ☐ Yes, please describe: \_\_\_\_\_

Has your student ever received or used an EpiPen® or other injection as treatment? ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_

### Triggers and Symptoms

What are the signs and symptoms of your student's allergic reaction? (Be specific; include things your child might say.) \_\_\_\_\_

How quickly do the signs and symptoms appear after the sting? \_\_\_\_ seconds \_\_\_\_ minutes \_\_\_\_ hours \_\_\_\_ days

### Treatment

Does your student understand how to avoid getting a bee sting or insect bite? ☐ Yes ☐ No

What do you do at home if there is a reaction to a bee sting or insect bite? \_\_\_\_\_

What treatment or medication has your health care provider recommended for an allergic reaction? \_\_\_\_\_ ☐ None

Have you used the treatment or medication? ☐ No ☐ Yes

Does your student know how to use the treatment or medication? ☐ No ☐ Yes

Please describe any side effects or problems your student had in using the suggested treatment or medication. \_\_\_\_\_

If medication is to be available at school, have you filled out a medication form for school?

☐ Yes

☐ No, I need to get the form, have it completed by our health care provider, and return it to school.

If medication is needed at school, have you brought the medication or treatment supplies to school?

☐ Yes

☐ No, I need to get the medication/treatment and bring it to school.

What do you want the school to do in case of a bee sting or insect bite? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sikeston Kindergarten Center

## Summary Screening Record

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Race \_\_\_\_\_

Gender \_\_\_\_\_

### Health Screening

#### Vision:

Does child wear glasses? Y\_\_ N\_\_

\*If yes, tested with glasses Y\_\_ N\_\_

Right Eye 20/\_\_\_\_ Pass\_\_\_\_ Refer\_\_\_\_

Left Eye 20/\_\_\_\_ Pass\_\_\_\_ Refer\_\_\_\_

Both Eyes 20/\_\_\_\_ Pass\_\_\_\_ Refer\_\_\_\_

Comments \_\_\_\_\_

Dental: Pass\_\_\_\_ Refer\_\_\_\_

Comments \_\_\_\_\_

\*Nurse \_\_\_\_\_

### Developmental Screening DIAL 4

	(Percentile)	(Circle One)
Motor	_____	PD OK
Concepts	_____	PD OK
Language	_____	PD OK
Total Score	_____	PD OK

Comments \_\_\_\_\_

### Speech/Language Screening

#### Articulation:

Pass\_\_\_\_ Devel.\_\_\_\_ Monitor\_\_\_\_

Comments \_\_\_\_\_

#### Language

Comments \_\_\_\_\_

SLP \_\_\_\_\_

### Hearing Screening

#### Audiometer

Right: Pass\_\_\_\_ Fail\_\_\_\_

Left: Pass\_\_\_\_ Fail\_\_\_\_

#### Tympanometer:

Right: Pass\_\_\_\_ Fail\_\_\_\_

Left: Pass\_\_\_\_ Fail\_\_\_\_

Comments \_\_\_\_\_

\*If your child failed his/her Tympanometer during screening, the parent may request a recheck by contacting the office after school starts.

SLP \_\_\_\_\_

Counselor \_\_\_\_\_

CA= \_\_\_\_\_

SH= \_\_\_\_\_

SD= \_\_\_\_\_

OVERALL%= \_\_\_\_\_

***Sikeston R-6 Health Services  
Medication Error Report Form***

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Building \_\_\_\_\_ Grade \_\_\_\_\_ Date of Error \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Reason for report: (Missed medication, wrong time [>30 min. before or after scheduled time] wrong student, wrong route, etc.) Give detailed report as to how error occurred.

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**Action Taken/Intervention:**

Building nurse/Nurse supervisor \_\_\_\_\_ Time & Date \_\_\_\_\_

Name of parent notified \_\_\_\_\_ Time & Date \_\_\_\_\_ (if applicable)

Student's physician notified \_\_\_\_\_ Time & Date \_\_\_\_\_ (if applicable)

Building Administrator signature \_\_\_\_\_ Date \_\_\_\_\_

Witness(s) \_\_\_\_\_

Name of person preparing report (please print) \_\_\_\_\_

Signature of person preparing report \_\_\_\_\_ Date \_\_\_\_\_

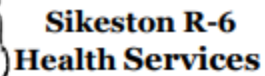
Follow up contact/care \_\_\_\_\_

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\*\*\*\*\*  
This is an example of information needed for a medication error report. School policy dictates who is to be notified and what order. Form should be completed in ink as it is a legal record. Do not use white out, correction tape, eraser, etc. to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the supervising nurse and a copy maintained in the employee's file in a designated location.



## Medication And Treatment Record

School Year: \_\_\_\_\_ Building: \_\_\_\_\_

I request the nurse or designated staff member to give:

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Prescribed Medicine: \_\_\_\_\_ for treatment of: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_ Supplied as: \_\_\_\_\_ Time: \_\_\_\_\_ Route: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Physician's Telephone Number: \_\_\_\_\_

I understand the school nurse may contact my child's health care providers.

Parent/Guardian Signature

Date:

[illegible]





Student: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Nurse: \_\_\_\_\_ Doctor: \_\_\_\_\_ Parent: \_\_\_\_\_

[illegible]

## NARCAN ADMINISTRATION

### 1. RECOGNIZE

#### Observe for signs of overdose:

- Pale, clammy skin
- Speech infrequent
- Not breathing or very shallow breathing
- Deep snorting or gurgling
- Unresponsive to stimuli (calling name, shaking, sternal rub)
- Slowed heart beat/pulse
- Blue lips or fingertips
- Pinpoint pupils

### 2. RESPOND

#### Immediately call for help:

- Call for help- Dial 911
  - Request Advanced Life Support
- Place the person on their back
- Tilt head
- Lift chin
- Check breathing for no more than 10 seconds
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch
  - If present, remove it
- If using mask, place and hold mask over mouth and nose
- If not using mask, pinch their nose with one hand and place your mouth over their mouth
- Give 2 even, regular-sized breaths
- Blow enough air into their lungs to make their chest rise
  - If you are using a mask and don't see their chest rise, out of the corner of your eye, tilt the head back more and make sure the **seal around the mouth and nose is secure**
  - If you are not using a mask and don't see their chest rise, out of the corner of your eye, make sure you're pinching their nose
- Breathe again
- Give one breath every 5 seconds

### 4. REFER

- Have the individual transported to nearest medical facility, **even if symptoms seem to get better**
- Contact parent/guardians per school protocol
- Complete Naloxone Administration Report form
- Follow up with treatment referral recommendations

### 3. REVERSE

#### Administer Intra-Nasal Narcan:

- Tilt head back and given spray (4 mg) into one nostril
- If additional doses are needed, given in the other nostril

#### **Give NARCAN Nasal Spray**

**Remove** NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.

**Hold** the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

**Gently insert the tip of the nozzle into either nostril.**

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one** nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

**Press the plunger firmly** to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



Graphic credit: (ADAPT Narcan, 2014)

- Place person in recovery position (**lying on their side**)
- Stay with the person until help arrives
- Maintain airway, monitor circulation, start CPR as necessary
- Seize all illegal and/or non-prescribed opioid narcotics found on victim and process in accordance with school district protocols

## Report of Naloxone Administration

+ Student Demographics and Health History	
School District: _____	Name of School: _____
Age: _____ Type of Person: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender	
Ethnicity: Spanish/Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
Signs of Overdose Present	
<input type="checkbox"/> Blue lips <input type="checkbox"/> Breathing slowly <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Slow pulse <input type="checkbox"/> Unresponsive <input type="checkbox"/> Weak pulse <input type="checkbox"/> Other (specify) _____	
Suspected Overdose on What Drugs?	
<input type="checkbox"/> Heroin <input type="checkbox"/> Benzos/Barbituates <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Alcohol <input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify) _____	
Naloxone Administration Incident Reporting	
Date of occurrence: _____ Time of occurrence: _____	
Vital signs: BP _____ / _____ Temp _____ Pulse _____ Respiration _____	
Location where student was found:	
<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Health Office <input type="checkbox"/> Playground <input type="checkbox"/> Bus <input type="checkbox"/> Other (specify): _____	
How was the naloxone given: <input type="checkbox"/> Injected into muscle <input type="checkbox"/> Sprayed into nose	
Naloxone lot #: _____ Expiration date: _____	
Naloxone administered by: (Name) _____	
Was this person formally trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Parent notified of naloxone administration: (time) _____	
Was a second dose of naloxone required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, was that dose administered at the school prior to arrival of EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Approximate time between the first and second dose _____	
Naloxone lot #: _____ Expiration date: _____	

**Person's Response to Naloxone**

☐ Combative ☐ Responsive/Angry ☐ Responsive but sedated ☐ Responsive and Alert ☐ No response to naloxone

**Post-Naloxone Observations (Check all that apply)**

☐ None ☐ Seizure ☐ Vomiting ☐ Difficulty breathing ☐ Other (specify): \_\_\_\_\_

**Other Actions Taken**

☐ Sternal rub ☐ Recovery position ☐ Rescue breathing ☐ Chest compressions ☐ Automatic defibrillator  
☐ Yelled ☐ Shook the person ☐ Oxygen ☐ Other (specify): \_\_\_\_\_

**Disposition**

EMS notified at: (time) \_\_\_\_\_

Transferred to ER: ☐ Yes ☐ No ☐ Unknown

If yes, transferred via: ☐ Ambulance ☐ Parent/Guardian ☐ Other

Parent: ☐ At school ☐ Will come to school ☐ Will meet student at hospital ☐ Other: \_\_\_\_\_

Hospitalized: ☐ Yes ☐ If yes, discharged after \_\_\_\_\_ days ☐ No

Name of hospital: \_\_\_\_\_

Student/Staff/Visitor outcome: \_\_\_\_\_

**School Follow-up**

Did a debriefing meeting occur? ☐ Yes ☐ No

Recommendation for changes: ☐ Protocol change ☐ Policy change ☐ Educational change ☐ Information sharing ☐ None

Comments (include names of school staff, parent, others who attend debriefing):

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Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

School District: \_\_\_\_\_

School address: \_\_\_\_\_

***Pregnancy Confirmation***

Dear Doctor \_\_\_\_\_:

It is our understanding that, \_\_\_\_\_, is pregnant. Pregnant students may remain in school as long as medically feasible.

To aid in the care of your patient in the school setting, further information is required from you. Please include a pregnancy health history as necessary. A recommendation of physical activities must also be completed by the attending physician for those students enrolled in Physical Education.

In addition, a physician order is required for any pregnant student desiring Acetaminophen during the school day. (The school supplies Acetaminophen, 325 mg tablets).

Home study programs are available for those students experiencing medical problems with their pregnancy that prevent them from attending school in the usual manner. Applications for Home Study must be accompanied by a written recommendation from the attending physician. Alternative arrangements for attending class may be made if a student's condition warrants partial day attendance.

**Physical Education Activity Permit**

Mild exercise is generally recognized as being safe for pregnant women. Pregnant students may remain in physical education class with modifications, if there are no medical contraindications. Students should always be cautious and careful in moving about on campus and in class and use good judgment in the activities in which they participate.

The above named student ☐ is ☐ is not enrolled in Physical Education and ☐ may ☐ may not continue to participate in physical education class.

**Physician comments/activity restrictions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Order for Acetaminophen**

The above-mentioned student ☐ may ☐ may not have acetaminophen at school for minor aches and pains, headache, dental pain etc.

Physician Order for Acetaminophen: (or attach prescription)

\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_

***Prescription Medication Refill Request***

Dear Parent:

The prescription for your child, \_\_\_\_\_ needs to be refilled.  
**It is important for the medication to be continuous to be of benefit to your child.** Thank you for your cooperation.

Tablets left \_\_\_\_\_ Date your child will need more medication \_\_\_\_\_

Sincerely,

School Nurse \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

***Prescription Medication Refill Request***

Dear Parent:

The prescription for your child, \_\_\_\_\_ needs to be refilled.  
**It is important for the medication to be continuous to be of benefit to your child.** Thank you for your cooperation.

Tablets left \_\_\_\_\_ Date your child will need more medication \_\_\_\_\_

Sincerely,

School Nurse \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_



## Sikeston R-6 Health Services

### Prescription Medication Pick Up

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

Dear Parent(s)/Guardian:

As you may know, the last day of school is \_\_\_\_\_. If you would like to pick up your child's prescription medication, please come to the nurse's office by the last day of school to pick it up. **Any medication left after that date will be destroyed. NO medication will be sent home with the student.**

Thank you for your cooperation this year.

Your school nurse, \_\_\_\_\_

|

School Name \_\_\_\_\_

Phone # \_\_\_\_\_



## ***School Nurse Communication***

Date \_\_\_\_\_

Dear Parent/Guardian:

Today, your child, \_\_\_\_\_, was seen in the health office for:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Headache    | <input type="checkbox"/> Dental problem           |
| <input type="checkbox"/> Stomachache | <input type="checkbox"/> Pain (location _____)    |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Injury                   |
| <input type="checkbox"/> Earache     | <input type="checkbox"/> Head Injury              |
| <input type="checkbox"/> Eye problem | <input type="checkbox"/> Just "Doesn't Feel Well" |
| <input type="checkbox"/> Other _____ |   |

Treatment in health room and/or comments from school nurse:

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We ☐ were ☐ were not able to reach you by phone.

Recommendation(s) are as follows:

- ☐ Please seek advice from your Health Care Provider or Dentist
- ☐ Continue to monitor. Call your Health Care Provider/Dentist if:

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If your child experienced a **head injury**, please monitor for and consult a physician if he/she experiences any of the symptoms listed below:

- ☐ Nausea and/or Vomiting
- ☐ Excessive drowsiness or inability to awaken child
- ☐ Severe headache
- ☐ Weakness in arms and legs
- ☐ Double vision, blurred vision, or pupils of eyes appear to be of different size
- ☐ Bleeding or discharge from an ear
- ☐ Any other unusual behavior (confusion, slurred speech, dizziness, loss of muscle coordination, etc.)

Please feel free to call if you have any further questions.

Sincerely,

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_



## Sikeston R-6 Health Services School Personnel Training Record

\_\_\_\_\_  
Name

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

Description of Training:

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Performance Evaluation Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
School Personnel Signature

\_\_\_\_\_  
Date

Continuing Documentation:

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Seizure Action Plan

Effective Date \_\_\_\_\_

**This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant Medical History		

## Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure:

## Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No

If YES, describe process for returning student to classroom:

## Emergency Response

A "seizure emergency" for this student is defined as:

### Seizure Emergency Protocol

(Check all that apply and clarify below)

- ☐ Contact school nurse at \_\_\_\_\_  
☐ Call 911 for transport to \_\_\_\_\_  
☐ Notify parent or emergency contact  
☐ Administer emergency medications as indicated below  
☐ Notify doctor  
☐ Other \_\_\_\_\_

## Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

### For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

## Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? ☐ Yes ☐ No If YES, describe magnet use:

## Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Seizure Documentation**

Student's Name \_\_\_\_\_ Date of seizure \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

**As the Seizure Began:**

1. Did the student (check if applicable): ☐ Cry out? ☐ Yell? ☐ Fall down?
2. Did the student recognize the onset of the seizure by a smell, visual disturbance, sound, funny sensation in the stomach, or other sensation? ☐ Yes ☐ No ☐ Don't know  
If yes, briefly describe. \_\_\_\_\_
3. Any known seizure triggers present (missed medication, fatigue, stress, fever, bright or flashing lights, loud sounds, other: \_\_\_\_\_) ☐ Yes ☐ No  
If yes, briefly describe. \_\_\_\_\_
4. Did the seizure begin in 1.) one part of the body or 2.) on one side, or 3.) all over the body, all at once? \_\_\_\_\_

**During the Seizure:**

How long did the seizure last? From \_\_\_\_\_ To \_\_\_\_\_

What was the level of consciousness? ☐ Alert ☐ Dazed ☐ Confused ☐ Unconscious

Check any description below that applies:

**Body:** ☐ Rigid ☐ Limp

**Extremities:** ☐ Rigid ☐ Jerking ☐ Rhythmic  
☐ Extended ☐ Flexed

**Head/Face:** ☐ Twitching ☐ Grimacing ☐ Extended  
☐ Turned Up ☐ Turned Down ☐ Flexed  
☐ Tongue-Biting ☐ Saliva Clear ☐ Saliva Bloody  
☐ Lip Smacking

**Eyes:** ☐ Moved to the Right ☐ Moved to the Left ☐ Rolled Upward  
☐ Staring ☐ Blinking

**Breathing:** ☐ Normal ☐ Impaired ☐ Absent

**Skin:** ☐ Color Change ☐ Sweating  
☐ Cool ☐ Warm

**Other Observations:** \_\_\_\_\_**After the Seizure:**Did the student have any recollection of the seizure event? ☐ Yes ☐ No

How long did it take for the student to become fully alert? \_\_\_\_\_

Briefly describe any injury, confusion, fatigue, moods, headaches, incontinence.  
\_\_\_\_\_**Other observations:** \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

***Seizure Health History***

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician (for Seizures) \_\_\_\_\_ Phone \_\_\_\_\_

The following information is helpful to your child's school nurse and school staff in determining any special needs for your child. Please answer the questions to the best of your ability. If the school nurse has not already contacted you for a conference, and you desire one, please call the school for an appointment.

Nurse's Name \_\_\_\_\_ Telephone \_\_\_\_\_

1. How long has your child had seizures? \_\_\_\_\_

2. What type of seizure does your child have? \_\_\_\_\_

3. What may trigger the seizure? (Triggers are things like stress, lack of sleep, missing medication, flashing bright lights, certain foods, etc.) \_\_\_\_\_

4. How often does your child have a seizure? \_\_\_\_\_

5. Describe the seizure \_\_\_\_\_

6. How long does the seizure last? \_\_\_\_\_

7. When was your child's last seizure? \_\_\_\_\_

8. Does your child know when he/she is going to have a seizure before it occurs? If yes, please list any signs he/she has indicated. \_\_\_\_\_

9. Describe your child's behavior after a seizure \_\_\_\_\_

10. How many times has your child been treated in the emergency room for seizures? \_\_\_\_\_

11. Does your child have a Vagal Nerve Stimulator (VNS) or a Responsive Neurostimulator (RNS), or treatments that are not medicines? If yes, please answer the following:

a. What is your child's ability to use the device? \_\_\_\_\_

b. Where is the magnet located / stored at school? \_\_\_\_\_

c. How should it be swiped? \_\_\_\_\_

d. How many times should the use of the magnet be repeated? \_\_\_\_\_

12. Does your child need any special consideration related to his/her seizures while at school? ☐ Yes ☐ No

If yes, please describe briefly. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Below, please list the medications your child takes for seizures (include daily, as needed, and emergency use medications).

	<b>Name of Medication</b>	<b>Dose</b>	<b>Frequency</b>
(In School)	_____	_____	_____
	_____	_____	_____
(At Home)	_____	_____	_____
	_____	_____	_____

If medications are to be given during school, a medication permission slip needs to be filled out yearly. Medications must be in the original labeled container. (When you have prescriptions filled you can ask the pharmacist to put them into two containers so you'll have one for school and one for home use.)

What, if any, side effects does your child have from his/her medications? \_\_\_\_\_

\_\_\_\_\_

Please attach any Physician Orders concerning medication and any activity restrictions.

Thank you for your time and assistance in assessing your child's special needs in school.

# First Aid for Seizures

(Complex partial, psychomotor, temporal lobe)

## 1. Recognize common symptoms



## 2. Follow first-aid steps



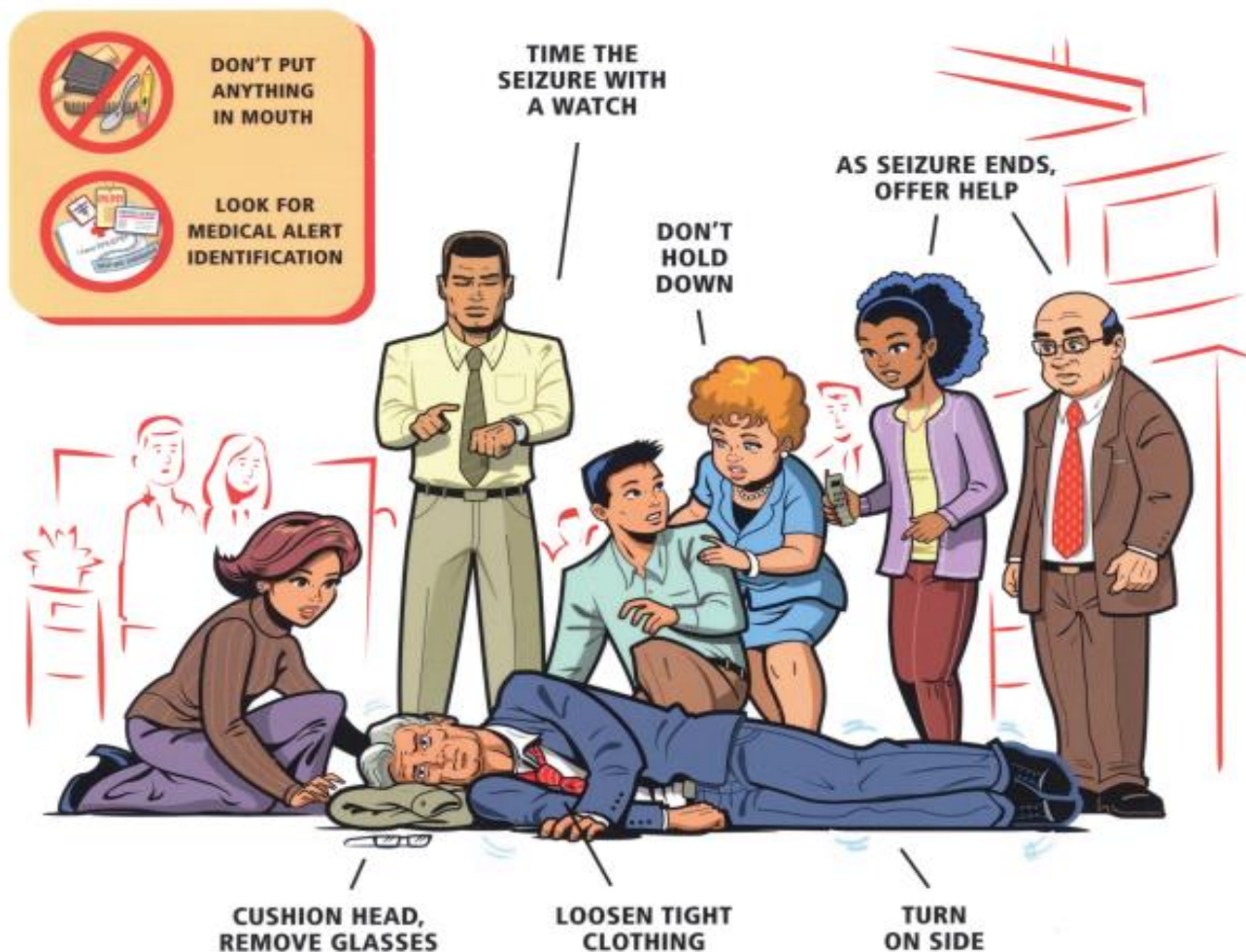
People who've had this type of seizure should be fully conscious and aware before being left on their own. Make sure they know the date, where they are, and where

they're going next. Confusion may last longer than the seizure itself and may be hazardous. If full awareness does not return, call for medical assistance.



# First Aid for Seizures

(Convulsive, generalized tonic-clonic, grand mal)



Most seizures in people with epilepsy are not medical emergencies. They end after a minute or two without harm and usually do not require a trip to the emergency room.

But sometimes there are good reasons to call for emergency help. A seizure in someone who does not have epilepsy could be a sign of a serious illness.

Other reasons to call an ambulance include:

- A seizure that lasts more than 5 minutes
- No "epilepsy" or "seizure disorder" identification
- Slow recovery, a second seizure, or difficulty breathing afterwards
- Pregnancy or other medical diagnosis
- Any signs of injury or sickness



## Sickle Cell Disease: Emergency Care Plan

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact number: \_\_\_\_\_

Healthcare provider: \_\_\_\_\_ Contact number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Sickle cell type: ☐ Sickle cell trait ☐ HbSS ☐ HbSC ☐ HbS beta thalassemia ☐ HbSD ☐ HbSE ☐ HbSOHospitalization has been required for SCD: ☐ Yes ☐ No Date of last admission: \_\_\_\_\_Current medication(s) / Dose \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Student triggers : ☐ Stress ☐ Dehydration ☐ Lack of sleep ☐ Caffeine ☐ Exertion/ Extreme physical activity  
☐ Heat above \_\_\_\_\_ °F ☐ Cold below \_\_\_\_\_ °F ☐ Other \_\_\_\_\_

Description of student-specific symptoms when a VOC/pain crisis occurs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Student is able to recognize signs and symptoms of SCD crisis ☐ Physical education activity restrictions ☐ Ice pack used for injury

SYMPTOMS		ACTION
Bone pain	Headache	⇒ Notify school nurse
Joint pain	Fatigue	⇒ Administer pain medication as ordered
Hip pain	Irritability	⇒ Allow student to rest and access to water
		⇒ Adjust temperature conditions, if appropriate
Temperature > _____ °F		⇒ Notify school nurse
		⇒ Administer medication as ordered
		⇒ Call parent
Temperature ≥ _____ °F		⇒ Notify school nurse
		⇒ <b>Call 911</b>
		⇒ Administer medication as ordered
		⇒ Call parent
Sudden onset of severe headache	Inability to speak	⇒ Notify school nurse
Change in alertness/confusion	Weakness	⇒ <b>Call 911</b>
Sudden or constant dizziness	Change in breathing	⇒ Administer medication as ordered
Difficulty breathing	Pale complexion	⇒ Call parent
Stomach pain or swelling		

Healthcare provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

School nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have received and acknowledge training on this student's sickle cell emergency care plan.*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Teacher Quick Guide: Sickle Cell Disease



## What is sickle cell disease?

Sickle cell disease (SCD) is a chronic, genetic blood disorder. Symptoms can include damage to body organs, including the brain (stroke), kidneys, spleen, gall bladder, liver, lungs, bones, and eyes. Other symptoms include increased infections, pain episodes, anemia, delayed puberty, and severe headaches.

## What can I do to help my students with sickle cell disease?

For ALL students

- Work to avoid transmitting infections in the classroom by encouraging good hand hygiene
- Work to erase social stigma: provide lessons on the importance of accepting differences

For children with sickle cell disease

- Make sure they are well-hydrated
- Offer frequent bathroom breaks
- Adjust P.E. requirements to reflect decreased stamina
- Offer an extra set of books for home so they do not have to carry a heavy bag
- Offer accommodations for testing
- Be mindful of listlessness and irritability
- Monitor academic progress and seek consultation if necessary

## Pain management:

- Work with the child to avoid triggers: extreme temperature, stress, dehydration, over-exertion
- Use heat (not ice) therapy for pain
- Understand and encourage adjunctive therapies, e.g. distraction, relaxation
- Work with the child, family and sickle cell center to implement a pain action plan to avoid or decrease absences



## Call parents and seek immediate treatment:

- Fever above 101 F
- Difficulty breathing
- Chest pain
- Severe headache
- Sudden weakness or loss of feeling and movement
- Unusual pain
- Any sudden vision problems or eye trauma
- Seizure
- Loss of consciousness, facial asymmetry, slurred speech (stroke)

***Specialized Health Care Plans***

Dear Physician:

We have been asked to provide specialized health care to your patient:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If it is essential that this procedure be provided during school hours, we will need your written order on file.

We have prepared a tentative health care plan for this student, including a description of our standardized procedure. Please review these materials, make written comments and provide the requested information to guide us in providing a safe school environment. Services will begin when we have the necessary orders and adequately trained personnel in place.

As the school nurse, I am assuming responsibility for the management of this student's health care in our school. Please feel free to contact me at the number below.

Sincerely,

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

### ***Special Health Concerns Update***

Student's Name\_\_\_\_\_

Date\_\_\_\_\_

School\_\_\_\_\_

Grade\_\_\_\_\_

Dear Parent/Guardian:

The following health concern has been noted on this student's health record on file in my office:

\_\_\_\_\_

Please assist me in updating this information by completing the following:

1. This continues to be a health concern. Please check one: ☐ Yes ☐ No

2. If this continues to be a health concern, list:

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

4. Alterations of activity/exercise restrictions \_\_\_\_\_

5. Other special instructions or diet \_\_\_\_\_

6. Physician\_\_\_\_\_ Phone Number\_\_\_\_\_

7. Hospital preference if emergency care is needed\_\_\_\_\_

8. Do you wish to meet with the nurse for a conference? Please check one: ☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_

Date\_\_\_\_\_

It is essential for proper assistance to your child in the event of an emergency, that the school office be notified regarding phone numbers of individuals to be contacted if you cannot be reached.

This information is kept confidential but is shared with your child's teachers and others that may need to assist your child. Please return this form to me as soon as possible. If you have questions, please call me at the number below.

Sincerely,

School Nurse\_\_\_\_\_ Phone # \_\_\_\_\_ Date\_\_\_\_\_

## ***Spinal Screening***

Dear Parent/Guardian:

As you know, we discovered a possible problem in your child when doing our spinal screening. We suggest you have your health care provider do a professional evaluation of your child's back.

It is important to us that this evaluation takes place to confirm or rule out a possible spinal deviation. Would you please let me know if there is a problem in obtaining this evaluation?

Please complete the bottom of this form and return to me within the next few days.

Sincerely,

School Nurse\_\_\_\_\_ Date\_\_\_\_\_

Telephone\_\_\_\_\_



\_\_\_\_ I understand the recommendation for an examination and have made an appointment with  
Doctor \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_ I still have questions. Please call me at \_\_\_\_\_.

\_\_\_\_ I am willing to do this, but would like some information about possible financial assistance.

\_\_\_\_ My child has already been evaluated for this problem by a doctor \_\_\_\_\_.

Signed by: \_\_\_\_\_ Date\_\_\_\_\_

## SPINAL SCREENING PROGRAM ANNUAL REPORT

Building Summary Report \_\_\_\_\_ School Year \_\_\_\_\_

District Summary Report \_\_\_\_\_ Building/District \_\_\_\_\_

Form Completed by \_\_\_\_\_

Date \_\_\_\_\_

					RESULTS OF PROFESSIONAL EXAMINATION OF REFERRED STUDENTS								
Grade	Screened		Re-screened		Diagnosis					Recommended Treatment			
	Total Number of Students	No Problem Found	No Referral At This Time	Referred For Professional Examination	Normal (No Abnorm ality)	Other Problem (Including Kyphosis)		Scoliosis		Obser- vation	Bracing	Surgery	None or Unknown
						F	M	F	M				
4													
5													
6													
7													
8													
9													
Special Educ.													
Total													



***Vision Screening Referral  
2<sup>nd</sup> Notification***

Dear Parent or Guardian:

As you may recall, your child \_\_\_\_\_ was referred for a vision examination. I have not received notification that your child was examined by a specialist. This letter is just a reminder that your child may have a vision problem which could affect his/her academic performance.

Please complete the appropriate spaces and return this form to school with your child.

1. My child has been examined by Doctor \_\_\_\_\_ on \_\_\_\_\_.

2. The diagnosis and recommendations were as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have made an appointment with Doctor \_\_\_\_\_ on \_\_\_\_\_.

If you have not made an appointment, please state the reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I would like information regarding financial assistance:

Yes\_\_\_\_ No\_\_\_\_

Thank you for your cooperation.

School Nurse\_\_\_\_\_

Date\_\_\_\_\_

Telephone\_\_\_\_\_

**VISION OBSERVATION CHECKLIST**

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_ Date\_\_\_\_\_

<b>Vision difficulties may be associated with the following observations or complaints:</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
1. Eye crossed - turning or out - at any time, or eyes do not appear straight, especially when the child is tired.			
2. Has reddened eyes or eyelids.			
3. Has encrusted eyelids.			
4. Has a frequent sty.			
5. Eyes in constant motion.			
6. Eyelids droop.			
7. Complains of headaches.			
8. Complains of burning or itching of eyes.			
9. Complains of pain in the eyes.			
10. Light gazes or repeatedly flicks objects in front of his/her face.			
11. Is abnormally bothered by bright light.			
12. Have watery eyes.			
13. Thrusts the head forward or backward while looking at distant objects.			
14. Turns the head to use one eye only.			
15. Tilts the head to one side.			
16. Places an object close to the eyes to look at it.			
17. Squints while looking at objects.			
18. Blinks excessively.			
19. Has a tendency to rub eyes.			
20. Covers or closes one eye.			
21. Stumbles over objects.			
22. Lacks interest in looking at objects or seeing.			
23. Unable to see distant objects.			
24. Unable to transfer an object from one hand to the other at midline.			
25. Is unable to stack blocks or other objects.			

**Referral**

A yes in items 1-11 constitutes referral. Three yeses in items 12-25 constitutes referral.



## Vision Observation Checklist Page 2

## Summary of Referral Criteria

Screening Procedure	Age	Referral Criteria
Observational Checklist	1-4 years	a) Yes response items 1-11, or; b) Yes response on three items 12-25
Functional Assessment 1. Pupillary Response	1-4 years	a) White pupil - immediate, or; b) If one/both pupils do not respond as expected or if one pupil is slower to respond than the other on two tests. (See "Retesting")
2. Corneal Light Reflex (Hirschberg)	1-4 years	a) The reflection of the penlight does not appear to be in a similar position in the pupil of each eye on two tests. (See "Retesting")
3. Blink	1-4 years	a) Child does not blink in response to hand on two tests, <u>and</u> b) Referral criteria met for tracking, cover/uncover or reaching test on two tests. (See "Retesting")
4. Alternate Cover	1-4 years	a) Definite, repeatable movement in any direction in the eye being uncovered on two tests. (See "Retesting")
5. Tracking	1-4 years	a) Failure to follow light 180E on two tests, <u>and</u> ; b) Referral criteria met for cover/uncover, tracking or blink tests on two tests.
Acuity 1. Tumbling E	2-4 years 3-4 years	20/50 or worse in either eye, or; two-line difference between the two eyes
2. HOTV	2 years 3-4 years 2-4 years	20/60 or worse in either eye 20/50 or worse in either eye a two-line difference between the two eyes
3. Lighthouse Flashcards	2 years 3-4 years 2-4 years	20/60 or worse in either eye 20/50 or worse in either eye two-line difference between the two eyes
4. Parsons Visual Acuity Test	18 months and up	20/60 or worse in either eye, or; two-line difference between the two eyes



# SIKESTON LIONS CLUB

## SIGHT AND HEARING SERVICES



### Application for Eye Health Care

#### Mission Statement

The Lions Club is caring men and women creating and fostering a spirit of understanding among all people for humanitarian needs by volunteering their time and money to help local citizens in need of eye health care.

#### "We Serve"

**The Sikeston Lions Club must receive this application and approve all services before the scheduling of any appointments, delivery of any services, and subsequent payment.**

Daniel R. Obermark, O.D.  
Sight Chairman

PO Box 709  
Sikeston, MO 63801

[D.R.Obermark.OD@sbeglobal.net](mailto:D.R.Obermark.OD@sbeglobal.net)

Office: (573) 471-1080  
Fax: (573) 471-1810

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

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(if applicant is under 18)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Referring Individual or School Nurse: \_\_\_\_\_

Organization or School: \_\_\_\_\_

Briefly describe circumstances about what services are desired and why financial assistance is needed:

Is the applicant, parent, family, or guardian able to pay a portion of exam or glasses?

No \_\_\_\_\_ Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_

Has the Lions Club provided assistance for the applicant before?

No \_\_\_\_\_ Yes \_\_\_\_\_ When \_\_\_\_\_

Return this application with signed release to:

Dr. Daniel R. Obermark  
Sikeston Lions Sight Chairman  
PO Box 709  
Sikeston, MO 63801  
[D.R.Obermark.OD@sbeglobal.net](mailto:D.R.Obermark.OD@sbeglobal.net)

#### Consent for Release of Information

I, the applicant, parent, or legal guardian, request the release of the health records of the above named applicant to the Sikeston Lions Club and the referring organization. I understand that these records are protected by state and federal law, and cannot be disclosed without my consent unless otherwise provided by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance hereon.

Signature of Applicant or Legal Guardian

Date

#### FOR CLINICAL USE ONLY

Date Received: \_\_\_\_\_ Services Approved (be specific): \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Physician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

Lion Treasurer

Date

Charges: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_

Lion Officer's Signature Date

Physician's Signature

Lion Treasurer's Signature Date

### ***Voluntary Dental Examination***

Dear Parent:

Your child, \_\_\_\_\_, was among those who had a voluntary dental screening at school.

This dental screening was conducted for informational purposes only and is NOT a substitute for the examination usually given to a person seeking dental care from his or her own dentist. No x-rays were taken. The findings are solely the result of what can be seen at the time of the screening, and may not necessarily agree with the evaluation by your child's dentist.

Thank you for your cooperation. We recommend that this student:

- \_\_\_\_\_ Continue his/ her usual dental care.
- \_\_\_\_\_ See his/ her dentist at the earliest convenience concerning the condition of teeth, gums, and/or other dental structures.
- \_\_\_\_\_ Contact his/ her dentist immediately.
- \_\_\_\_\_ Other \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

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- \_\_\_\_\_ Contact his/ her dentist immediately.
- \_\_\_\_\_ Other \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

# Winter Illness Newsletter

Winter months bring concern for falling temperatures and snow which are often associated with colds, flu, strep throat, and respiratory infections. A healthy family makes the winter months more enjoyable and productive. To help protect your family from the threats of illness, continued practice of good preventative health measures are recommended.



Regular handwashing is one of the best ways to prevent the spread of germs.

## Here are some tips for staying healthy this season:

- Wash your hands often with soap and water. If soap and water are not available, use an alcohol based hand sanitizer.
- Get lots of rest and drink plenty of fluids.
- Eat a diet rich in colorful foods.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid common use of eating and drinking utensils and towels.
- Stay away from people who are sick.
- Cough or sneeze into a tissue then throw it away, or cough and sneeze into your upper shirt sleeve, completely covering your mouth and nose.
- Disinfect frequently touched surfaces and objects, such as toys and door knobs.

**School attendance is not recommended when a child is ill.**

## Please keep your child home if:

- He/she has a fever (100.4° F or more). Your child should be free of fever for 24 hours without medication to reduce fever before returning to school. Temperatures that are normal in the morning will often be elevated by afternoon.
- The child is vomiting or has continuous diarrhea. A physician should be contacted if the vomiting and diarrhea last longer than 24 hours or becomes severe.
- The child has a persistent cough.
- The child develops a generalized skin rash (all over the body).
- A sore throat that is accompanied by fever and enlarged nodules in the neck can be serious. Strep throat is always a concern and should be diagnosed and treated by a physician. Untreated strep infections can produce serious complications. Children may return to school 24 hours after antibiotic treatment is begun and if the child is fever free. Antibiotic treatment must be completed as prescribed.



*Thank you for helping  
us stay healthy!*

Please contact your child's school when he/she is too ill to attend and inform them about the symptoms and type of communicable disease that the child is experiencing. The child may return to school when serious symptoms disappear and he/she has been instructed by the physician to do so.