***Health Services***

***Manual***

# ***The School District***

***Of***

***Sarcoxie R-2 Schools***

***Adopted and approved by the Sarcoxie R-II School Board***

**2022-2023**

**Health Services Manual**

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**HEALTH PLAN FOR SARCOXIE R-II**

**COMPONENT I: HEALTH OFFICE MANAGEMENT**

**GOAL:** To maintain an efficient record keeping system to facilitate faster and more accurate management of the student health system.

**STRATEGIES:** 1. Maintain cumulative health records.

 2. Perform daily clerical record-keeping duties.

 3. Provide surveillance of student health records.

**OUTCOME:** The appropriate people will be able to quickly access any student health record for emergency or other necessary school use.

**GOAL:** To identify and chart students with special health concerns and needs.

**STRATEGIES:** 1. Keep a health action plan for dealing with students who have

 special health needs.

**OUTCOME:** Have information available to enable nurse and staff to take appropriate action regarding health needs of special students.

**GOAL:** To involve those persons or agencies necessary (other than the regular school nurse) to maintain the health care of students.

**STRATEGIES:** 1. Keep an updated list of community health care resources.

 2. Keep a record of parental correspondence and communication

 regarding medicine and other student related health problems.

**OUTCOME:** To have records necessary to make use of as many community health resources as necessary to maintain good student health care.

# ***COMPONENT II: HEALTH AND DEVELOPMENTAL***

**ASSESSMENTS AND SCREENINGS**

**GOAL:** Identify health problems of students that may pose physical barriers to their education.

**STRATEGIES:** 1. Eye screenings in grades K, 1, 2, 3, 5, 7, and 10 annually. Eye

 screenings for all referrals from teachers and special education

 grades K-12.

2. Hearing screenings in grades Pre-K,K, 1, 2, 3. Hearing

 screenings for all referrals from teachers and special education

grades K-12. Students in 7th grade for educational purposes regarding noise exposure if time permits.

 3. Weight and height checks in grades Pre-K, K, 1-5, 7, and 10 annually.

 4. Scoliosis screenings in grade 7 annually.

 5. Screenings of targeted grades with P.E. teachers for students’

 blood pressure, body fat, and fitness levels.

 6. Conduct pre-school and kindergarten screenings.

**OUTCOME:** To provide students and their parents/guardian with information identifying possible health problems so that the child may seek professional help to correct physical defects that may be a deterrent to learning.

# ***COMPONENT III: FIRST AID AND EMERGENCY CARE***

**GOAL:** To give nurse and other school personnel a definite and prepared course of action to be taken in a student health emergency.

**STRATEGIES:** 1. Provide basic instructions to teachers, administrators, and

 support personnel for first aid procedures.

 2. Provide a record to all teachers of students with special health

 needs such as diabetes, allergies, epilepsy, heart problems etc.

 3. Provide emergency first aid kits for all classrooms.

 4. Provide those expected medical procedures deemed legal and

 within the responsibility of the school health nurse.

 5. Contact parents and appropriate medical support in a medical

 emergency involving students.

 6. Keep CPR training up-to-date and assist other school personnel

 in updating theirs.

 7. Instruct all school personnel on the Heimlich maneuver.

**OUTCOME:** To provide within legal limits emergency medical treatment for students and to provide the materials and training necessary to render this medical assistance. To have a definite system in place to transport more seriously ill students to the appropriate medical facility deemed necessary by his or her guardian.

# ***COMPONENT IV: PREVENTION AND CONTROL***

**OF COMMUNICABLE DISEASES**

**GOAL:** Decrease incidence of illness, absenteeism, and disability through prevention strategies.

**STRATEGIES:** 1. Enforcement of state immunization laws.

 2. Monthly head lice check for grades K-5. Checks for junior high

 and high school when deemed necessary.

 3. Bi-Annual fluoride varnishing treatments in grades PreK-5.

 4. Special checks and class presentations as need arises—in

 possible epidemic situations such as chicken pox,

 mononucleosis, staph infections, etc.

 5. Promptly notify school personnel, students, and parents about

 the presence of a communicable disease, the usual symptoms,

 and the appropriate steps to take to keep from transmitting that

 disease.

 6. Take steps to report communicable diseases and animal bites to

 the appropriate local health unit.

 7. Documentation of known communicable disease will be

 included in the permanent health record.

 8. The school nurse shall identify for enforcement the exclusion

 and re-admission of students with diagnosed and communicable

 diseases as defined by the Sarcoxie R-II School Board Health

 Policy of 1988.

**OUTCOME:** To provide the student an environment that is as nearly free of communicable diseases as possible and to have a specific course of action when a communicable disease does arise in the school population.

# ***COMPONENT V: SPECIAL STUDENT HEALTH CONCERNS***

**GOAL:** To assist in the placement of students with special needs and to provide assistance in the delivery of services to those students with special needs.

**STRATEGIES:** 1. Screening of all students LD/EMH and handicapped for IEP

 evaluations.

 2. Daily therapy for handicapped students when needed.

 3. Work in coordination with speech therapists and counselors for

 students with special needs.

 4. Target students with weight related problems for the purpose of

 developing individual health plans.

**OUTCOME:** To bring into focus any health problems that may be contributing to the learning disabilities of EMH/LD, and BD students. Be part of a school personnel team to deliver services to those students with special needs.

# ***COMPONENT VI: SAFE AND HEALTHY ENVIRONMENT***

**GOAL:** To be an active part of a faculty team that is seeking to provide students with a safer and healthier school environment.

**STRATEGIES:** 1. Help select and work with a health council composed of faculty,

 students, administration, and community members for the

 purpose of developing new school-wide health and safety

 programs.

 2. Work with principals, maintenance, and safety facilitator to

 eliminate school hazards.

 3. Work with individual teachers PreK-12 to help develop a school-

 wide health and safety instruction program.

 4. Maintain a comprehensive injury reporting system.

**OUTCOME:** To have safe school surroundings that provides a more conducive learning environment for staff and students.

# ***COMPONENT VII: PROMOTION OF HEALTH***

**AWARENESS FOR STUDENTS AND STAFF**

**GOAL:** To make all members of the school population more aware of the actions necessary to achieve and maintain individual wellness.

**STRATEGIES:** 1. Work with drug and alcohol coordinator to help develop school-

 wide programs of instruction and presentations concerning drug

 and alcohol abuse.\*

 2. Present prevention programs on breast cancer, smoking, and

 sexually transmitted diseases.

 3. Present health and maturing classes for students in grades five

 and six.

 4. Work with P.D.C. to develop staff health fair.

 5. Conduct staff screenings for blood pressure, vision, and

 hearing.

 6. Weekly blood pressure checks for selected staff members when

 necessary.

 7. Conduct cancer presentations and collect cancer information to

 be distributed to the staff.

 8. Work with cafeteria staff to help develop better nutrition goals

 for student and faculty lunch programs.

**OUTCOME:** A student body and staff that is better informed so that they may address their own physical health needs.

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**\*See current Sarcoxie R-II Drug and Alcohol Abuse Policies**

# ***COMPONENT VIII: HEALTH COUNSELING***

**GOAL:** To provide support and counseling for faculty, parents, and students when special health needs arise.

**STRATEGIES:** 1. Work with counselors and administrators to render service

 necessary when need arises in regard to a student who shows

 symptoms of suicide, or severe stress or crisis.

 2. Keep an updated list to provide referral services when the need

 for a mental health professional arises.

 3. Counsel and assist parents in regard to health needs of their

 child (glasses, teeth, hearing, vision, scoliosis, etc.).

 4. Counsel and assist select students with individual health needs.

 5. Counsel teachers on ways they may assist their students with

 special needs (diabetes, epilepsy, psychological problems, etc.).

**OUTCOME:** Parents of students with special health concerns will be able to utilize the school nurse as a resource to obtain appropriate information and to assist them in getting professional help. Teachers will have a professional to assist them in coping with health needs of the students in their classroom.

# ***COMPONENT IX: DEVELOPMENT OF NEW SCHOOL***

**HEALTH PROCEDURES AND POLICIES**

**GOAL:** To help in the drafting of school board policies to ensure that Sarcoxie R-II follows all state laws regulating school health policies and reporting procedures.

**STRATEGIES:** 1. Keep current with new health procedures and policies by

 regularly attending Missouri State Department of Health

 meetings, college-sponsored seminars and in-services, and

 meetings sponsored by the Licensed Practical Nurses’

 Association.

 2. Keep current through nurses’ publications such as National

 Nurses’ Association publications and state school nurses

 updates.

 3. Develop and present to Sarcoxie R-II administrators and school

 board as need arises new procedures and policies for health

 services and delivery of health services.

 4. Prepare update for student handbook and handouts regarding

 school health care and procedures.

**OUTCOME:** School nurse will keep up to date on current state laws and policies regarding school health procedures so that she may assist administrators and the school board in the drafting of new school health policies and help students to better understand their rights and responsibilities in regard to these policies.

***Child Abuse and Neglect***

 The Sarcoxie Board of Education requires its staff members to comply with the state child abuse and neglect laws and the mandatory reporting of suspected neglect and/or abuse. Any school official or employee who knows or has reasonable cause to suspect that a child has been subjected to abuse or neglect, or who observes the child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, will immediately report or cause a report to be made to the building Principal who will then become responsible for making a report via the Child Abuse Hotline (1-800-392-3738) to the Missouri Division of Family Services (DFS), as required by law. The building Principal will make the Superintendent aware that a report is made and will keep him or her aware of the status of the case.

 The school, as a mandated reporter, will be entitled upon request to the local DFS office or to the social worker completing the investigation on the general disposition of the report. The information should be shared with the staff member who originated the report, but should not be released to any one else without written authorization from DFS. Parents/guardians should be referred to DFS for information regarding the investigation. Parents or legal guardians have access to the DFS records after the investigation is complete, except that the identity of the reporter is not released.

 When DFS receives a child abuse report which alleges that an employee of Sarcoxie School District has abused a student, the report is immediately referred to the Superintendent (or the President of the school board in situations concerning the Superintendent) who will conduct an initial investigation. If the report relates to a spanking by a certified school employee administered pursuant to written district policy or if it is determined that the sole purpose of the report is to harass a school employee, the Superintendent or board president will jointly investigate the matter with the appropriate civil authorities. Findings and conclusions will be issued as required by section 160.261, Rsmo.

 All other reports of any nature will be immediately returned to DFS for investigation, and the Superintendent will take no further action. The Superintendent/school board president will be considered a member of the multidisciplinary team, and as such will be involved in the investigation and have access to appropriate information including the outcome of the investigation.

 Any person, who in good faith participates in the making of such reports, or in any judicial proceedings resulting therefrom, will be immune from civil or criminal liability. It shall not be the responsibility of the school official or employee who initiated the report to prove that the child has been neglected or abused.

 The Superintendent will prepare and implement procedures as are necessary to accomplish the intent of this policy and the law.

***Immunization Records***

All students attending Sarcoxie R-II Schools shall have the required immunizations. Parents are responsible for sending immunization records to the school in order to keep records current. When a parent or student refuses to have the proper shots, they may sign an objection card, or the student shall not be allowed to re-enter school until they have the required shots, or have started the procedure.

(R.S. MO 167.181)

 ***Requirements to attend school 2022-2023***

***See 2022-2023 School Year immunization Requirements on next page***

***Exemptions from Immunizations***

**Medical exemption card, (Imm.P.12)**

A child shall be exempted from the immunization requirements of this rule upon certification by a licensed doctor of medicine or doctor of osteopathy that either the immunization would seriously endanger the child's health or life or the child has documentation of laboratory evidence of immunity to the disease. The Department of Health and Senior Services Form Imm.P.12 shall be on file with the school immunization health record for each child with a medical exemption. This need not be renewed annually.

**Religious exemption card, (Imm.P.11A)**

A child shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo if one (1) parent or guardian objects in writing to the school administrator that immunization of that child violates his/her religious beliefs. This exemption on Department of Health and Senior Services Form

Imm.P.11A shall be placed on file with the school immunization health record. This need not be renewed annually.

Note: Religions exemption cards are not allowed for children enrolled in daycare, preschool or nursery school.

**Parent/Guardian exemption card (Imm.P.11)**

19 CSR 20-28.040 Day Care Immunization Rule states a child shall be exempted from the immunization requirements if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services' form Imm.P.11, shall be on file with the immunization record of each child with a parental exemption. The parental exemption form must be renewed annually.

**Note: Parent/guardian exemption cards are not allowed for children enrolled in school.**

**Immunizations In progress card, (Imm.P.14)**

Section 167.181, RSMo provides that students may continue to attend school as long as they have started an immunization series and satisfactory progress is being accomplished. A Department of Health and Senior Services Form Imm.P.14 shall be on file with the school immunization health record of each student with immunization in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and exclusion should be initiated immediately.

Refer to subsection (1) (A) of the rule regarding exclusion of students in noncompliance.

In the event of an outbreak of Measles, Mumps, Rubella, Polio, Pertussis, Diphtheria, or Tetanus, those students who are exempted from immunizations will be excluded from school.

Homeless children are allowed a 30 day period in which to provide proof of immunization.

Immunization report (CD 31 MO 580-0823(4-99) will be submitted to the Dept. of Health each year no later than October 15.

***Communicable Diseases***

 Section 167.191, RSMo makes it “unlawful for any child to attend any of the public schools of this state while afflicted with any contagious or infectious disease, or while liable top transmit such disease after having been exposed to it… The teacher or Board of Directors may require any child to be examined by a physician, and exclude the child from school so long as there is any liability of such disease being transmitted by the pupil.”

 The statute is routinely applied to common childhood diseases and parasitic infections such as mumps, measles, chicken pox, strep throat and lice, which are readily transmitted through casual contact of the type most likely to occur within a school setting. Application of the statute to children with chronic infectious or contagious diseases not likely to be transmitted in a school setting such as AIDS, Hepatitis B, herpes, and tuberculosis is more problematic.

 A student permitted to attend school with a chronic infectious disease must do so under specified conditions. Failure to adhere to the conditions will result in the student being excused from school. Any student determined to have a chronic infectious disease and who is not permitted to attend school will be provided instruction in an alternative educational setting in accordance with district policy.

 Students with a contagious or infectious disease and their families have a right to privacy and a need for confidentiality. Only staff members who need to know the identity and condition of such students will be informed. Willful or negligent disclosure of confidential information about a student’s medical condition by staff members will be cause for disciplinary action.

 The district will implement reporting and disease outbreak control measures in accordance with 13 CRS 50-101.010 through 50-101.090 and 50-100.010.

 Procedures:

1. Any staff member who knows a student has been exposed to a contagious or infectious disease or who observes symptoms of such a disease shall inform the building administrator who will request a review of the case by a designated health professional (school nurse, physician, county nurse).
2. If the designated health professional determines that the student is infected with an acute infectious disease of short duration, the student will be excluded from school for the number of days specified in the latest revision of the Missouri Department of Health publication,
3. “Prevention and Control of Communicable Diseases --- A Guide for School Administrators,” FHC 16, or until a physician certifies the student no longer is liable to transmit the disease.
4. If the designated health professional determines that a student identified as handicapped under the Education for All handicapped Children Act (P.L. 94-142), may be infected with a chronic infectious disease, the student’s medical condition and educational placement will be evaluated under the procedural safeguards stated in the district’s compliance plan for implementing P.L. 91-142.
5. If the designated health professional determines that a student not identified as handicapped may be infected with a chronic infectious disease, the student shall be excluded from school until the following procedures have been concluded. The building administrator shall within ten (10) working days request a team review and assessment of the student’s medical condition. The team shall be comprised of the following.

***Communicable Diseases (cont.)***

1. The student’s parents or guardians;
2. The student’s personal physician;
3. A school health professional;
4. A public health physician designated by or approved by the state department of health;
5. The building administrator;
6. Other mutually agreed upon;

The team will assess the student’s condition and the risks of exposing others to the disease in the school environment and determine whether the student should be permitted to attend school without restrictions; attend school under stated restrictions and conditions; or be excluded from attending school and provided an alternative educational program. The team will also establish dates and/or guardians, the building administrator, and to the Superintendent. The determination will be final unless reversed on appeal.

1. The determination of the team will be made within ten (10) working days after the team is convened and communicated in writing to the student’s parents or guardians, the building administrator, and to the Superintendent. The determination will be final unless reversed on appeal.
2. The parents or guardians of the student may appeal the determination of the team to the Board of Education by submitting notice of appeal in writing to the Superintendent within five (5) working days after receiving written notification of the team’s determination. Within five (5) days after receiving notice of appeal, the Superintendent will confer with the assessment team, review the record and/or receive additional information, and make a recommendation to the board. The board will consider the appeal at its next regularly scheduled meeting or at a special called meeting. The board’s decision shall be final. The stated timeline may be adjusted by mutual agreement of the parties.
3. If a student with a chronic infectious disease is permitted to attend school:
4. The building administrator will identify and notify the staff members who will be informed of the student’s identity and conditions under which the student is attending school. Willful or negligent disclosure of confidential information by a staff member will be cause for disciplinary action.
5. The building administrator, in consultation with the designated health professional, will develop safety and precautionary procedures and incident reporting procedures and ensure that all staff members who have contact with the infected student are trained to implement them. Willful or negligent

violation of safety and precautionary procedures and reporting procedures will be cause for disciplinary action.

***Communicable Disease (cont.)***

In line with the policy that the district is trying to educate students concerning AIDS and other sexually transmitted diseases, there will be films available and materials available to students. Some of the films are very explicit in terms used. The district feels that it is necessary to make students aware of consequences and risks involved, if they ignore the facts. Notes will be sent home if a film is being shown and if a parent objects to his or her child seeing it, the parent may advise the school through the classroom teacher.

 The Sarcoxie R-II Board of Education is concerned with proper education in grades K-12 concerning STD (Sexually Transmitted Diseases) to include AIDS.

 Curriculum material that is appropriate for grade levels K-12 is being formulated by the state department of education and will be implemented in health classes in all grades K-12.

***Procedures for First Aid***

School personnel will follow the instructions in the notebook provided by Missouri Department of Health, *Recommended Procedures for Emergency Care of Illness and Injuries*. This will be located in each health office.

The school nurse will be notified of lacerations, serious head injuries, back injuries, eye injuries, and suspected fractures.

In life threatening situations, arrangements will be made to transport the student by ambulance at the parents’ expense. The student will be accompanied in the ambulance by a responsible adult in the absence of a parent. The superintendent will be notified when an ambulance is requested.

Accident reports will be completed on any injury to students, staff members or visitors that necessitates examination by a physician.

***Injury or Illness at School***

School officials have the authority to take a student to the doctor or hospital if a serious injury occurs where severe complications would arise without professional help. Minor injuries or illness shall be handled by the school nurse. The student may be sent home or taken care of at the school.

***SEE NEXT PAGE FOR STANDING ORDERS***

***Sarcoxie R-II Schools***

***Standing Orders***

***2022-2023***

ABDOMINAL PAIN A student with a stomach ache or abdominal pain will be assessed for location, duration and intensity of discomfort. Temperature and sufficient history to determine cause will be taken. If indicated, students will be allowed to rest 15-20 minutes. If pain persists, becomes severe or the nurse feels it is necessary, parents will be contacted and advised to seek physician’s care. Pepto Bismol, Tums, Maalox or Mylanta 1 or 2 chewable tabs may be given for minor stomach upset.

ANAPHYLAXIS When a student exhibits signs of anaphylaxis (sudden onset-apprehension, sweating, weakness, shallow respiration, tingling around mouth or face, nasal congestion, itching, wheezing, low blood pressure with weak rapid pulse and loss of consciousness, shock, coma) EMS will be notified immediately, then parents will be called. EpiPen (epinephrine autoinjector .3mg epinephrine) will be used if indicated. Supportive care will be given while awaiting EMS. Benadryl 25mg PO may be used for less severe allergic reactions.

BITES Animal or human bites will be washed thoroughly with soap and water and covered with a dry dressing. Parents will be notified, as tetanus or rabies protection may be required. Law enforcement/public health authorities will be notified of animal bites.

BUMPS, BRUISES For minor bumps and bruises, ice will be applied as indicated.

BURNS First and second degree burns of limited extent will be treated with cool water and covered with a dry dressing. No ointment or sprays will be used. Blisters will not be broken. Parents will be notified of any significant burns. In case of extensive 2nd or 3rd degree burns, EMS and parents will be notified immediately. While waiting for EMS, burns will be cooled with cool water. Patient will be observed for shock. Burned area will be covered with sterile dressings or clean cloth only. Chemical burns will be washed

***Standing Orders (cont.)***

with lukewarm water, chemical soaked clothing will be removed. Parents will be notified and referred to family physician for medical care.

CONTAGIOUS ILLNESS If a student presents with signs and symptoms of conjunctivitis (red, itching eyes with purulent drainage) impetigo (skin lesions resembling raised pimples filled with fluid or pus and crusted areas) or other contagious illnesses, parents will be contacted, advised to seek medical care and appropriate literature sent home with the child.

COUGH/ SORE THROAT A cough drop, throat lozenge, Chloraseptic Spray or gargle with salt water may be given for minor cough or sore throat.

CUT/SCRAPE A minor cut or scrape will be cleaned with soap and water, peroxide, or betadine soap, then a clean sterile dressing (Band-Aid, gauze or telfa) will be applied along with betadine, Neosporin, or triple antibiotic ointment if indicated.

CUT SERIOUS A serious cut will be cleaned and pressure applied as indicated while the parent is notified and the student referred to their family physician.

EYE, LIQUID If a foreign liquid splashes into the eye, the eye will be flushed with water while the parent is being notified so they may seek medical care.

EYE MINOR IRRITATIONS Minor eye irritations will be treated with sterile DFA eye solution, Eye-Aid sterile ophthalmic irrigating solution, or Eye Wash. sterile saline solution will be used for eye irritations due to contact lenses.

EYE FOREIGN BODY For a foreign body of the eye (such as eyelash, dirt speck) the eye will be flushed with eyewash and/or warm water and the parents notified if indicated. If blurred vision or severe eye pain occurs, a patch will be applied and parents notified so they may seek medical care.

***Standing Orders (cont.)***

FAINT When a student faints, an assessment for injury will occur and the student will be allowed to rest. The parents will be contacted.

FEVER If a student has a fever of 100 or above, a parent will be called, and they will go home and seek the advice of their family physician.

HEAD LICE If a student presents with head lice (lice and/or nits), parents will be contacted and the child will be sent home with appropriate instructions and treatment and other measures required to treat the home. The child will not be readmitted to school until treatment has been completed and no nits are present in the hair.

HEAD BUMP/INJURY A head bump or injury will be checked and ice applied. The student will be observed for severe headache, nausea and/or vomiting, double vision, blurred vision or pupils of different sizes, loss of muscle coordination such as falling down, walking strangely or staggering. In cases where unusual behavior such as being confused, breathing irregularly or dizziness, convulsion, bleeding or discharge from an ear are observed, parent will be notified so the student may seek the advice of the family physician. EMS will be called if indicated.

HYPERGLYCEMIA (HIGH BLOOD SUGAR) When symptoms of hyperglycemia (severe nausea, vomiting, abdominal pain, rapid breathing, sweet odor to breath) are observed in a diabetic, parents and EMS (if indicated) will be contacted.

HYPOGLYCEMIA (LOW BLOOD SUGAR) When symptoms of hypoglycemia (shakiness, sweating, dizziness, Pallor, numbness or tingling in lips, irritability, hunger, confusion, headache, double or blurred vision) are observed in a known diabetic, sugar tablets, honey or juice will be given: repeated in 10-15 minutes if symptoms haven’t subsided. Parents will be contacted, if symptoms persist, EMS will be called. If student becomes unconscious, EMS and parents will be contacted immediately.

***Standing Orders (cont.)***

MEDICATION, PRESCRIPTION A student may be given prescription medicine only if it has been brought from home in the original container, accompanied by written instructions, signed by the parent.

MOUTH DISCOMFORT Vaseline or Blistex, may be applied to dry lips. Cold sores, fever blisters or minor mouth pain will be treated with Blistex, Campho-phenique or Anbesol.

NAUSEA If severe nausea, vomiting or diarrhea is present, a parent will be called and the student will go home to seek the advice of their family physician as indicated.

# NOSEBLEED Epistaxis (nosebleed) will be treated with application of pressure and cold pack. If bleeding does not subside within 10 minutes is severe or severe trauma to nose is evident, parents will be contacted.

# PAIN, MINOR Acetaminophen may be given for a fever, headache, menstrual cramping and/or various other minor aches q 4-6 hrs. This will be given only with permission from the parent.

# 4-5 yrs. and/or 36-47 lbs. = 1 1/2 chewable tablets

# 6-8 yrs. and/or 48-59 lbs. = 2 chewable tablets

# 9-10 yrs. and/or 60-71 lbs. = 2 1/2 chewable tablets or 1 325mg. Tablet

# 11 yrs. and older and/or 72lbs.+ = 3 chewable tablets or 1 to 2 325mg. Tablet as indicated by parent.

# An adult may take 2 regular strength acetaminophen, ASA or ibuprofen. Ibuprofen will be given to a student for menstrual cramps, migraine headache or as anti-inflammatory with a doctor’s order on file.

# RASH If a student has an unidentified rash, the parents will be notified, as the student will need to seek medical care to determine whether the rash is contagious.

# ***Standing Order (cont.)***

# RINGWORM (Tinea) when a student exhibits signs of ringworm (small 1-3cm) reddish lesions on body or face, which gradually spread while clearing

# in the center), topical Lotrimin, Micotin, Tinactin or Disenex will be applied. Student will be instructed to use at least twice daily and keep lesions covered

# at school. Cases which do not improve in 2-3 days, severe cases and cases with secondary infection present will be referred to their family physician for treatment.

# SEIZURE When a seizure occurs in someone with a know seizure disorder, they will be observed and protected from any environment hazards. The parents will be contacted so they may seek the advice of their physician. When a seizure occurs for an unknown cause, emergency care will be sought while the above is being done.

# SKIN IRRITATIONS Minor skin irritations (allergic itches, rashes, insect bites, and sunburn) will be treated with Caladryl lotion, Benedryl spray or Hydrocortisone cream. Sunburn pain will be treated with Solarcaine or Aloe Vera spray.

# SPECIAL HEALTH CARE For special health care instruction, see the individual child file for special instruction.

# SPLINTER A superficial splinter may be cleaned and removed. Then a sterile dressing supplied with Betadine or triple antibiotic ointment if indicated and parent notified when indicated. The parent will be notified of a deeply imbedded splinter and advised to see their family physician.

# SPRAIN, DISLOCATION, FRACTURE A possible sprain, dislocation and/or fracture will be iced, elevated and splinted as indicated during assessment. The parent will be contacted so they may seek advice from their physician.

# ***Standing Orders (cont.)***

# STING For an insect sting, a cold compress will be applied and the stinger removed if present. If a student is allergic to stings, the parent will be notified. The student will supply medication to be kept in the clinic and will be used when symptoms indicate. Emergency personnel will be contacted if symptoms indicate it is necessary.

# TOOTH INJURY In case of a broken or avulsed (knocked out) tooth, the student will rinse their mouth with warm salt water. The tooth (or pieces of tooth) will be placed in a cup of whole milk. Ice pack will be applied to face next to area of injury. Parents will be contacted and advised to seek immediate dental care.

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# DATE Debra Royce, MD

***Infection Control Procedures for Schools***

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.

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.

\*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 the eyes with one’s hands, and not putting the hands or anything touched by unwashed hands (such as food) in one’s mouth. Hand washing is vital to preventing mucous membrane exposure to disease-causing organisms.

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

1. Toilet tissue, liquid soap dispensers, and disposable towels should be available in all restrooms. All children should be taught proper hand washing and encouraged to practice this after using the restroom.
2. All children should wash their hands, with direct supervision as necessary, before eating.
3. Children should be discouraged from sharing food, personal grooming items and cosmetics.
4. 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.
5. Proper sanitation procedures must be followed with regard to food handling and preparation, control of insects and rodents, and proper disposal of solid waste.

General Procedures for Preventing Transmission of Infectious Diseases in School Setting

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:

BODY FLUID DISEASES SPREAD THROUGH

 CONTACT WITH THIS BODY FLUID

Eye discharge Conjunctivitis (pink eye)

Nose or throat discharge Colds, influenza

Blood Hepatitis B, or HIV

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.

***Infection Control Procedures(cont)***

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:

1. blood (preventing exposure to blood or blood-contaminated body fluids is discussed in more detail in the following section on universal precautions)
2. all other body fluids, secretions, and excretions regardless of whether or not they contain visible blood
3. non-intact skin (any area where the skin surface is not intact, such as moist skin sores, ulcers, or open cuts in the skin)
4. mucous membranes

***Universal Precautions***

The strategy of universal precautions was developed in the mid- 1980’s as a means of preventing the transmission of blood borne pathogens such as human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Although universal precautions were initially designed for use in hospitals and clinics, they are applicable to any workplace setting, including schools, where exposure to blood or blood contaminated materials could potentially occur.

Universal precautions apply only to blood and body fluids, which are visibly contaminated with blood, and certain other body fluids such as semen, vaginal secretions, amniotic fluid, and cerebrospinal fluid. These precautions are designed specifically to prevent direct skin or mucous membrane exposure to these particular fluids, as well as to prevent accidents involving sharp instruments (such as needles) contaminated with these fluids. The term “universal” indicates that these precautions should be taken at all times and in all situations.

Universal precautions involve the following measures:

1. Appropriate barrier precautions should be used to avoid skin or mucous membrane contact with any of the above mentioned body fluids. Such barrier precautions can, based on the given situation, include the use of standard medical vinyl or latex gloves along with gown, protective eyewear, and/or masks. If potential contact with a significant amount of blood is anticipated, latex gloves are preferred. These items should always be available and readily accessible.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated. Hands should always be washed immediately after gloves are removed.
3. If any of the above mentioned body fluids come into contact with the mucous membrane surface of the nose or mouth, the area should be vigorously flushed with water. If the mucous membrane surfaces of the eyes are contaminated, they should be irrigated with clean water, or with saline solution or sterile irrigants designed for this purpose.

***Universal Precautions (cont.)***

1. 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.
2. Persons providing health care that have exudative skin lesions or weeping dermatitis would refrain from all direct patient care, and from handling patient care equipment, until the condition resolves.

Persons who, as part of their assigned occupational duties, any 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 which could place them art-increased risk of infection with 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 have contact with hepatitis B-infected children. These children may have special behavioral and/or medical problems, which increase the likelihood of hepatitis B transmission.
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.

The Occupational Safety and health Administration (OSHA) blood borne pathogens rule 29 CFR Part 1910, 1030 does not apply to public schools or other public institutions in Missouri. However, this rule establishes the current standard of practice with regard to the prevention of transmission of infectious blood borne agents in occupational settings, and it contains good public health and risk management polices. 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 which 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.

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

Body fluids, which are not, associated with transmission of blood borne pathogens, such as tears, nasal secretions, saliva, urine, and feces, are not covered by universal precautions. However, since these body fluids can transmit other diseases, the recommendations in the preceding section, which state that direct contact with these materials is to be avoided, should be followed at all times. The use of universal precautions does not eliminate the need to utilize good infection control practices, including careful attention to hand washing, in all situations, regardless of whether there is risk of exposure to blood.

***Procedures for Cleaning Spills of Blood or Other Body Fluids***

1. Absorbent floor-sweeping material should be used to cover larger body fluid.
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. All surfaces that have been in contact with the body fluids should then be wiped with a disinfectant. Any EPA approved tuberculocidal disinfectant can be used. A 1:10 dilution of household bleach can also be used (this solution should not be mixed in advance because it losses its potency). After the disinfectant is applied, the surface should either be allowed to air dry, or else to remain wet for 10 minutes before being dried with a disposable towel or tissue.
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 always 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, precautions should be taken to avoid direct exposure of the lesions to the body fluids.
7. If direct skin exposure to body fluids 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 easily accessible.

**CAUTION:** Diluted bleach disinfectant solution 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' 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.

Recommended by Missouri Department of Health

***Acute Infectious Illness***

1. Teachers should be alert to any students who exhibit excessive head scratching for possible lice infestation. Students found to have evidence of lice infestation (crawling lice or nits) will be excluded from school. Parents will be given written materials that explain the reasons for exclusion and methods to treat the infestation on the hair and in the home. They will not be readmitted until all evidence of lice including nits has been removed. Students who require exclusion from school 3 consecutive days for lice infestation must be accompanied by a parent when returning to school. The nurse will check the student’s hair in the presence of the parent. If the problem still exists, the parent will be instructed what must be done to get rid of the infestation so the student can return to school as quickly as possible. A log will be kept in each health record file cabinet to list date, name and follow up of each lice victim. All students of a classroom will be checked when 2 students in the room are found to be infested. Random classroom checks will be done periodically as a measure of prevention.
2. Teachers will be observant of students who appear to be deviated from normal health and request evaluation by the nurse.

Symptoms which should be reported are as follows:

1. Rash or skin eruptions
2. Flushed face
3. Frequent coughing, sneezing
4. Swollen neck glands
5. Stiff neck
6. Pale skin
7. Unusual sleepiness or listlessness
8. Complaint of headache, sore throat or abdominal pain.

Evaluation for exclusion from school will be based on history of symptoms and physical assessment indicated by symptoms.

1.Students with red eyes will be excluded until the school receives a note from a physician stating they are not contagious of until the symptoms are gone.

2.Students with vomiting and or diarrhea will be excluded from school.

3.Students with fever of 100 degrees F. or above will be excluded from school.

A log will be kept, stating name, complaint, evaluation, and action taken of each student seen in the health office of each building.

***Medicine at School***

***(Student Medication policy)***

Student medication should be administered at home if at all possible. However, if the physician’s orders require that medication be administered at school, the following procedures are followed:

 Prescription Medication

1. Parent or guardian should furnish the medicine plainly marked with: Pupil’s names, physician’s name, date, name of medication and dosage, time of administration.
2. Parent should provide the medication in the original prescription bottle.
3. A request for “Giving Medicine at School” form should be filled out completely by the parent or guardian.

Non-prescription Medication

1. School personnel do not provide any non-prescription medication for students at anytime. Examples include aspirin, cough drops, eye drops, etc.
2. If it is necessary for a child to take non-prescription drug on a regular or occasional basis, the following must be done: A request for “Giving Medicine at School” form should be filled out. The form will include pupil’s name, date, and name of medication and dosage, time of administration. The medication will be kept in the office with no more than one week’s supply.

***PROCEDURE FOR ADMINISTRATION OF MEDICATION***

ORAL MEDICATIONS

1. Wash hands before giving medication.
2. Compare labeled medication container with written instructions from doctor, and be sure there is signed permission from parent.
3. Check for:
* A. Right name of student
* B. Right medication
* C. Right dose/amount
* D. Right time
* E. Right route (by mouth)
1. Medication should not be handled by person administering it, but should be poured into bottle cap (if in pill form) and then into student’s hand.
2. Liquid medication should be poured into medicine cup to correct dose.
3. Make sure the student swallows the medication.
4. Person administering medication will then chart time medicine given and initialed on medication log.
5. Do not give initial doses of medication at school.
6. Return mediation bottle to locked cabinet.

TOPCIAL MEDICATIONS (ointments and salves)

1. Squeeze medication from a tube or, using a tongue blade, take ointment out of jar.
2. Spread a small, smooth, thin quantity of medication evenly on bandage to be placed on skin.
3. Protect skin surface with a dressing.
4. Record medication on the appropriate forms.

EYE MEDICATION

 Eye drops

1. Explain procedure to student.
2. Give tissue to student for wiping off excess medication.
3. Have student tilt head slightly backward and look up.
4. Squeeze the prescribed amount of medication into the eyedropper.

Hold dropper with bulb in uppermost position.

***Procedure for Administration of Medication (cont.)***

1. Place eyedropper one-half to three-fourths inch above eyeball with dominant hand.
2. Stabilize hand, holding dropper as necessary. Place other hand on cheekbone and hand holding dropper on top.
3. Expose lower conjunctival sac (mucous membrane that lines eyelids) by pulling down on cheek.
4. Drop prescribed number of drops into center of conjunctival sac.
5. Repeat procedure if student closes eye and drops fall on eyelid.
6. Ask student to gently close eyelids and move eye to assist in spreading medication under the lids and over the surface of the eyeball.
7. Remove excess medication with clean tissue.
8. Record the medication on the appropriate forms.

 Eye ointment

 Same as above except for the following application:

Gently separate patient’s eyelids with thumb and two fingers, and grasp lower lid near the margin of the lower lid immediately below the lashes. Exert pressure downward over the bony prominence of the cheek. Student should look upward.

Apply eye medication along the inside edge of the entire lower eyelid, starting at the inner-corner.

 Nose drops

1. Student should be in a sitting position with head tilted back, or lying on back with head tilted back over pillow.
2. Fill dropper with prescribed amount of medication.
3. Place dropper just inside the nostril and instill correct number of drops.
4. Instruct student not to squeeze the nose and to deep head tilted back for five minutes to prevent medication from escaping.
5. Return medication to medication storage cabinet.
6. Record the medication on the appropriate form.
7. Observe student for any immediate reaction or side effect.

INHALERS

 Have the student:

1. Put the mouthpiece on canister.
2. Shake inhaler for two seconds, or according to manufacturer’s instructions.
3. Position inhaler with canister above mouthpiece (upside down).

***Procedure for Administration of Medication (cont.)***

1. Hold mouthpiece approximately one inch from lips and open mouth wide.

This position allows the student to:

* Point the inhaler properly toward the back of the throat.
* Draw the medicine into mouth in a steady stream.
* Check to see that the medication is being properly inhaled.

 Note: Putting the lips around the mouthpiece as directed in package instructions may prevent the student from getting the full dose because:

* The mouthpiece may be misdirected.
* Much of the medicine hits the cheeks and palate because of turbulence on release.
* No one can check to see that timing is right.
1. Breathe naturally
2. Open mouth and begin to inhale.
3. Squeeze canister on mouthpiece and take about two seconds to inhale as deeply as possible.
4. Hold breath for as long as possible—up to ten seconds.
5. Assess student’s condition to ensure medication has helped.

**MEDICATION ERRORS**

1. As soon as an error in the administration of medication is recognized initiate the following steps:
2. Keep the student in the health room. If student has already returned to class when the error is determined, have student accompanied to the health room.
3. Assess student’s status.
4. Identify the incorrect dose or type of medication taken by the student.
5. Notify parents.
6. Immediately notify supervising nurse coordinator and the principal of the error.
7. Notify student’s physician.
8. If unable to contact physician, contact the Poison Control Center for instructions.
* Give the name and dose of the medication taken in error.
* Give the age and approximate weight of the student.
* Give the name(s), dose(s), and time of last dose of other medication being taken by the student if possible.
1. Follow the instructions from the Poison Control Center, if at all possible. If unable to complete their direction, explain the problems to the Poison Control Center to determine if the student should be transported for emergency medical care.
2. Carefully record in ink (in the student’s health record) all circumstances and actions taken, including instructions from the Poison Control Center and student’s status.

***Health Related Services Offered***

1. Fluoride Varnishing Program
* Fluoride varnishing program will be a bi-annual treatment provided by the State Health Department. First treatment will be applied after a dentist or hygienist examines the student. The second application will be done approx. 4-6 months later by a trained volunteer or school nurse.
* This program will serve all children with parent’s consent in grades PreK-5.
1. Head Lice Checks
* Monthly head checks will be done for all grades K-5
* Other classes may be done upon request from teacher or other staff members involved with the students.
* Siblings of those found infected will also be checked
1. Dental Care Program
* Dental care classes will be given to all Kindergarten and 3rd grade students.
* Instructions on good dental hygiene will be discussed and brushing of the teeth will be demonstrated.
1. Hand Washing Program
* This program will be used to teach students K-3 good hand washing techniques.

# **SEE SCREENING PROGRAMS ON THE FOLOWING PAGES**

**For further programs offered**

***SCREENING PROGRAMS***

1. **VISION SCREENING**

 Students screened by nurse:

 ∙Referrals from teachers, parents, and Special Ed. PreK-12

 ∙All new students enrolled

 ∙Grades 1,2,3,5,7 and 10

 Tools used to screen:

 ∙Snellen E Chart

 ∙ Random DOT E Screener

 ∙Welch Allyn Sure Sight Vision Screener

 ∙Lighthouse cards

∙Flashlight to check corneal light reflex/alternate cover test and tracking for younger children.

Referrals will be made using standards set in Vision Screening Manual, Mo. Dept. of Health

1. **HEARING SCREENING**

Students screened by speech teachers/nurse

 ∙Referrals from teachers, parents, and Special Ed PreK-12

 ∙All kindergarten students

∙Grades 1,2, 3 and 7th grade for educational purposes regarding noise exposure if time permits

1.Tools used

 ∙Otoscope

 ∙Audiometer

 ∙tympanometer

Referrals will be made using the criteria of Hearing Screening Guidelines, Mo. Dept. of Health

3**. DENTAL SCREENING**

# ***Students screened by nurse/dentist/dental hygienist***

 ∙All kindergarten, and grade 3

Tools used

 ∙Flashlight and tongue blade only

Inspection of teeth and gums for

 ∙evidence of dental caries, broken or chipped teeth

 ∙gross malocclusion

 ∙infection, swelling, bleeding or inflamed gums

 ∙changes in color, texture, position of gum tissue

 ∙poor oral hygiene, bad mouth odor

Referral will be made on any student with gross dental or oral problems who is not receiving routine professional care.

1. **PHYSICAL GROWTH ASSESSMENT**

Students PreK-5, 7 and 10th grades will be weighted and measured once a year. Measurements will be reviewed for normal rate of gain and for unusual gain/loss. Only students who fall outside the norms for their age will be tracked by graphing.

Parents will be notified and referral discussed if students measurements fall above 95th percentile or below 5th percentile.

***Screening Programs (cont.)***

### **4. SPINAL SCREENING**

All students in the 7th grade will all be screened once a year for scoliosis.

 ∙A pass or fail will be recorded in their health file.

 ∙Referrals will be made after 2nd screening from nurse.

REFERRALS: Referrals will be made according to the guidelines set in the Spinal Screening In Schools manual from the MO. Dept. of Health.

## **SPECIAL INSTRUCTIONS**

1. Films regarding changes during puberty will be shown to 5th grade girls by the school nurse in the spring of the school year. A letter informing parents will be sent out prior to showing the film.
2. Films on reaching puberty will be shown to 5th grade boys by a male staff member. A letter to inform the parents will be sent prior to showing the film.