

HEALTH SERVICES PROGRAM

The Board of Education will provide for the health and physical well being of students through the establishment of a district wide student Health Services Program in the school district. The purpose of the district Health Services Program is to help each student attend school in optimum health, and to benefit from the school experience.

The Health Services Program is designed to provide a healthful environment for all students. Students who are physically and mentally fit are better able to take advantage of the educational opportunities offered and have a better sense of well-being. Good health promotes student success!

Health education is an important part of our total curriculum. Grades one through six have regular health classes covering all aspects of health. It is hoped that with a coordinated health curriculum our students will grow up with an awareness of the importance of good health. All parents should encourage good health habits at home. Students that have a well-balanced diet including breakfast and a regular sleep pattern tend to be more alert students.

Nurses will be employed to staff the Health Services Program. They shall serve under the direction of the superintendent and, if necessary, under the supervision of qualified medical personnel. All contacts with parents/guardians regarding health services will be made by the nurse or her trained designees, the principal, and I or the superintendent. The school nursing staff will provide the following services:

1. Administer of laws that protect the health of children attending public schools in Missouri, including:
 - a. Immunizations against certain contagious diseases, with certain medical or religious exemptions.
 - b. Exclusion from attendance of students having contagious diseases.
2. Emergency first aid treatment for accident or illness occurring during the school day.
3. The administration of medication, pursuant to policy JHCD
4. Assistance in carrying out the district's responsibilities outlined in section 504 plans, Individualized Health Plans (IHPs) or Individualized Education Programs (IEPs)
5. Guidance and counseling concerning health problems of students
6. Maintenance of student health and immunization records
7. Health education in the district's instructional program
8. Screening programs including: vision, hearing, scoliosis, and lice
9. Such other duties as assigned by the supervising principal or superintendent.

NOTE: The district and its agents may not provide contraceptive devices or contraceptive drugs. (Referral to the family practitioner for such devices or drugs will only be in accordance with the parental notification checklist requirements of state law.)

POLICY FOR ADMINISTERING MEDICATION*

MEDICATION ADMINISTRATION

Administration of medications at school will be by a registered nurse, a licensed practical nurse, or by a trained designee who has been trained by the nurse and under supervision to administer medications. Medication will be given to students grade PreK12 by school personnel through the health room.

Prescription and certain over-the-counter medicine will be stored in a locked cabinet in the Nurse's Office. Parents / Guardians need to indicate if special storage, such as refrigeration, is required. Other over the counter medications will be kept in the health room and used as needed for minor discomfort. Examples are Vaseline, First Aid Cream, Triple Antibiotic Ointment, Hydrogen Peroxide, Burn Cream, eye drops, cough drops, throat spray, etc.

The nurse will maintain an individual medication record with the student's name, date, time, medication given, the dosage administered, the effect of the medication, and the signature of the individual who administered the medication. Prescription controlled substance medication is to be given through the health room/office with written permission from the parent/guardian and a doctor's order.

Students in Grades K-12 may carry and use their metered-dose inhalers as directed by their physicians when required criterion is met (see asthma form at the end of this packet). The student's name must be on the inhaler and the parents must sign permission for students to self-administer. According to Missouri law 167.627 any child who will be self-administering metered-dose inhalers for asthma or other potentially life-threatening respiratory illness must have a copy of their asthma action plan and a self administration form (available through the school nurse) signed by the parent and healthcare provider on file at his/her school.

PRESCRIPTION DRUGS

Prescription medications will be given at school with written parent permission providing that the medication is in the properly labeled prescription container with the student's name, name of the drug, dosage, frequency of administration, how the medication is given, and the doctor's name. The prescription label may be considered an equivalent of the physician's or authorized prescriber's written order for medication administration.

The school district will not administer the first dose of any medication. It is preferred that prescription medications be delivered to school by an adult. No more than a 30-day supply of daily medication should be brought to school.

The district shall not knowingly administer prescription drugs in an amount exceeding the

recommended daily dosage listed in the *Physician's Desk Reference (PDR)* or other recognized medical or pharmaceutical text.

NONPRESCRIPTION DRUGS / OVER -THE- COUNTER (OTC) MEDICATION

Nonprescription/Over-the-Counter medication will be given **ONLY** with written permission from the parent / legal guardian (see form at the back of this packet). Generic forms of Tylenol, antacids, and ibuprofen will be provided by the school district, will be age appropriate, and will be given according to the manufacturer's label. If a parent wishes to provide their own medication, **it MUST be brought in the original container, with the manufacturer's label, and the students' name.** The school district will not administer the first dose of any medication.

Only ONE dose of OTC medication will be given during the school day unless specific written instructions are received from the parent / legal guardian and are in accordance with the manufacturer's directions. The nurse / designee will use professional judgment to determine whether to administer a particular medication to students. The nurse / designee has the right to refuse to administer any medication she believes is not in the best interest of the student, due to dosage, side effects or other concerns. Should a student be noted to request OTC medications more frequently than normal, the parent / legal guardian will be notified so further action or investigation can be implemented.

This permission needs to be renewed each year. The parents may withdraw this permission with a written request at any time during the school year. Medication not picked up within one week after school is out for the summer, will be destroyed in the presence of another staff member.

Both elementary school and middle school teachers may keep cough drops at the teacher's desk, with written parent/guardian permission. The cough drops must be supplied by the parent/guardian and student's name must be written on the cough drops.

High school students may carry a one day's supply of cough drops and/or over-the-counter medication on their person and self-administer as needed.

INJECTABLE MEDICATION

Injectable medications will be administered by the school nurse, If the nurse is not in the building, the 911 (EMS) Emergency Medical System will be activated. The exception to this is the use of an Epi-Pen for a severe allergic reaction resulting in anaphylaxis. In this case, trained designees trained by the school nurse may administer an Epi-Pen. An Epi-pen is available with a general signed physician's order, written by Dr. Zimmerman, covering the entire school. One adult / one child Epi-pen is available in each of the three school buildings.

If a child must take medication via an injection (such as insulin) at school, a written request is required signed by the student's physician and parent/guardian with the following information included: child's name, name of medication, circumstance regarding injection administration,

amount to be given, additional instructions, time to be given, physician's signature and parent/guardian signature.

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

HEALTH REQUIREMENTS

IMMUNIZATIONS

Immunizations are essential for the protection of students and **ARE REQUIRED BY MISSOURI LAW FOR STUDENTS TO BE ENROLLED IN AND ATTEND SCHOOL.** (MO State Law 19 CSR20-28.010; sections 167.181, 192.006.1, and 210.003). The parent or guardian of each student must furnish the school satisfactory evidence of immunization in the form of a statement, certificate, or record from a physician or other health facility or a statement of medical or religious exemption from immunizations against diseases. The nurse should be informed of immunizations a student receives after enrollment in order to maintain current and accurate information on the student's health record as required by state law. Immunizations **must** be complete by the day the student begins class. **No students will be admitted to school without proper immunization.**

STUDENT SCREENING

Screening tests for vision, hearing, scoliosis, and lice will be conducted. Parents / Guardians will receive a written notice of any screening result that indicates a condition that might interfere or tend to interfere with a student's progress.

VISION SCREENING

Vision screening test will be conducted on students in grades 1, 3, 5 and 7. All new students, students appearing to have visual problems, and those referred by the teacher or parent will also be tested. Parents/guardians will be notified on any deficiencies with a referral to consult their eye doctor for an eye examination. This report must be sent back to the school nurse. The screening will not detect all eye problems, and if your child presents symptoms of eyestrain, redness, squinting, etc., it would be advisable to have a professional eye examination. It would also be recommended that all children who wear glasses be seen by their doctor each year or as often as the doctor recommends. Children's eyes change rapidly during their growing years.

HEARING SCREENING

A screening test will be done on all students in grades 1st and 3, as well as others as needed. All new students, students with previous hearing problems or new onset of problems, and those referred by the teacher or parent will also be tested. Those failing the screening procedure are retested in two —four weeks and those who fail this test are referred for evaluation by a physician.

SCOLIOSIS SCREENING

Scoliosis means ‘curvature of the spine.’ Girls in grades 5 and 7, and boys in 8th grade will be screened for scoliosis. Notification prior to screening will allow parents / guardians an opportunity to voice any concerns for having their child screened. It is very important to diagnose scoliosis promptly so any student concerns will be referred to see a physician.

LICE SCREENING

Our school has a “no nit” policy. If there are signs of infestation with lice (flits in the hair, itchy scalp, etc.) the student will be evaluated by the school nurse and/or trained designee. If lice and/or nits are found, the parent/guardian will be notified to pick up student and treat with an appropriate head lice shampoo. The student will be unable to return to school or attend any school activity until the nurse has examined the child’s hair to determine it lice/nit free. The parent will need to accompany the student to the nurse’s office before school starts to be checked. The nurse may request the lice shampoo label and / or bottle of lice shampoo to be brought to the school. To prevent the spread of lice, your child will not be allowed to ride the bus until they have been cleared through the nurse’s office.

OTHER INFORMATION

MINOR ILLNESS OR INJURY

For minor illness or injury, school personnel trained in first aid will care for students. To decrease the spread of potential communicable diseases, students exhibiting symptoms of impending illness will be sent home from school. Factors considered before sending students home are the effect of symptoms on their ability to be productive at school and/or a contagious illness, vomiting, and/or a temperature of 100 degrees or greater.

EMERGENCY CARE

In case of illness or an accident every effort is made to locate parents. If this proves impossible your child will be cared for, but we do urge you to leave an emergency number where you may be reached. In cases of serious injury or illness and when the situation warrants immediate medical attention, students may be taken to the doctor or to the Emergency Medical Service (Phone 911) may be called. The nurse, designated school personnel, and/or emergency medical personnel will care for the student and attempted notification of parents will continue.

PARENTS ARE RESPONSIBLE FOR NOTIFYING THE SCHOOL OF CURRENT PHONE NUMBERS AND A PLACE WHERE THEY CAN BE LOCATED IN AN EMERGENCY.

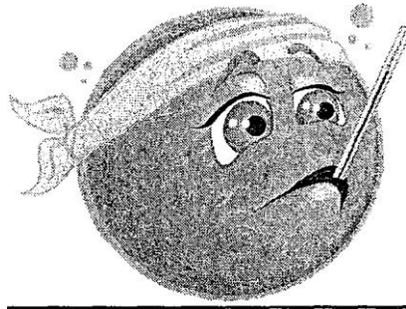
CONTAGIOUS DISEASE

Parents are asked NOT to send children to school with communicable disease or contagious skin infection unless under doctor’s treatment. Disease can spread rapidly among children in a classroom. If a child becomes ill at school we will call the parent to immediately pick up the student and the nurse will care for the student until the parent arrives. Students with communicable diseases MUST have a release from their doctor in order to return to school.

MICELLANEOUS

Any additional information relating to your child concerning any physical or medical condition that might prevent him or her from participation or from receiving full benefits from his educational experience would be appreciated. Should you have any questions concerning this or any other phase of the Health Program, please contact the school nurse, Cyndi Cheek, LPN at 735-4632.

If your child is not going to be in school because of illness or other reason you are asked to please call the school to report his/her absence. This is a requirement of the school and students not accounted for will be called to check on their reason for absence.



PARENT / GUARDIAN GUIDELINES FOR KEEPING CHILDREN HOME FROM SCHOOL DUE TO ILLNESS

Please review the following guidelines. Our school asks that you abide by them when deciding whether your child is well enough to be in school.

Students should NOT come to school if during the previous 24 hours they exhibit any of the following symptoms:

1. If your child's temperature exceeds 100 degrees F, or one to two degrees above the child's normal temperature. NOTE: The child MUST be fever free for 24 hours before returning to school.
2. If your child has vomiting and / or diarrhea
3. If a rash is present that has not been evaluated by a physician
4. If your child complains of severe, persistent discomfort, pain, or immobility, these symptoms should be referred to a physician for evaluation
5. If your child shows signs of upper respiratory infection (cold symptoms) serious enough to interfere with the child's ability to learn
6. If there are signs of conjunctivitis ("pinkeye") with matter coming from one or both eyes, itching, crusts on eyelids, the child should be evaluated by a physician and eye drops must be started before the student returns to school the following day.
7. If there are open sores that have not been evaluated by a physician
8. If there are signs of infestation with lice (nits in the hair, itchy scalp) the child will be evaluated by the school nurse/licensed personnel. If lice and/or nits are found, the parent/guardian will be notified to pick up student and to treat with an appropriate head lice shampoo. The nurse will examine the child's hair the following school day before the student can be admitted back to school. Our school has a "no nit" policy. Your cooperation is appreciated!

2015 Missouri Child Care and Preschool Immunization Requirements

- All children must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending child care/preschool.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Children may receive immunizations up to four days before the due date.
- Immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- Parent/Guardian (Imm.P.11) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from child care/preschool when outbreaks of vaccine-preventable diseases occur.
- To remain in child care/preschool, children "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the facility. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

Vaccines Required for Child Care and Preschool Attendance	Doses Required by Age				
	Birth to 2 Months	3 to 4 Months	5 to 6 Months	7 to 18 Months	19 Months to Kindergarten Entry
DTaP/DT		1	2	3	4+
IPV (Polio)		1	2	2	3+
Hib ¹		1	1+	2+	3+
Hepatitis B	1	1+	2	2+	3+
PCV(Pneumococcal) ²		1	2	3	4+
MMR					1
Varicella					1

(+: If a child has been immunized using the ACIP timing recommendations, he/she could have more than the required doses for child care.)

1. **Hib:** The number of doses a child needs to complete the series depends on the age the child begins the series.
 3 doses with final dose on or after 12 months of age; or
 2 doses with 1 dose on or after 12 months of age; or
 1 dose on or after 12 months of age; or
If the current age is 5 years or older, no new or additional doses are required
2. **PCV:** The number of doses a child needs to complete the series depends on the age the child begins the series.
 4 doses with dose 4 on or after 12 months of age; or
 3 doses with 1 dose on or after 12 months of age; or
 2 doses with both doses on or after 12 months of age; or
 1 dose on or after 24 months of age; or
If the current age is 5 years or older, no new or additional doses are required



2015-2016 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due. <http://www.cdc.gov/vaccines/schedules/index.html>
 In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Doses Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap ²									1	1	1	1	1
IPV (Polio) ³	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR ⁴	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁵	2	2	2	2	2	2	1	1	1	1	1	No doses required, however vaccination is highly recommended	

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. **Maximum needed:** six doses.
2. **8-12 Grades:** Tdap, which contains pertussis vaccine, is required. **If a student received a Tdap, the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.**
3. **Kindergarten-5 Grade:** Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
6-12 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-six years of age constitutes a complete series. **Maximum needed:** four doses.
4. First dose must be given on or after twelve months of age.
5. First dose must be given on or after twelve months of age.
Kindergarten-5 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
6-10 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

