MARION C. EARLY R-V

COMPREHENSIVE
SCHOOL HEALTH PLAN

Revised
&
Approved by the Board of Education
2012 – 2013
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MARION C. EARLY COMPREHENSIVE SCHOOL HEALTH PLAN

The comprehensive school health plan has been developed to help our students acquire the knowledge and skills necessary to make healthy behavior choices. Our focus is based not only on physical health, but also addresses mental, social, and emotional health issues. Our goals and objectives have been developed to meet the needs of our staff, as well as our students.

PHILOSOPHY

It is our belief, that:

*A school health program should be preventive health care.

*Parents have the primary responsibility for their child's health.

*The school has a legal and moral responsibility to provide a school health program that will promote, protect, and maintain the student's health, and to assist the parent in carrying out their responsibility.

*The health status of children affects their ability to learn. Healthy children learn better.

*The goals of health services in the school should be consistent with the educational goals of the Marion C. Early R-V School District.

*If improving health behavior is to have the optimum impact on the quality of life, it should begin early. Health behaviors learned early are reflected in adult lifestyles and health status.

*Students learn better in a healthy physical and psychological environment.

*The school is a cost-effective setting in which to deliver meaningful health education and health care to children and youth.

*A registered nurse is the recommended health professional to coordinate, supervise, and deliver care, using the nursing process of assessment, planning, intervention, and evaluation.

*Appropriate roles for the school nurse include: manager of health care; deliverer of health services; advocate for health care of all children; counselor for health concerns of children, families, and staff; and educator for school and community health concerns.

*Health services that are provided in the school should be coordinated with and compliment the delivery of health care in the community. Public health and school health programs must have consistent and common goals.

*School nurses should be responsible for continuing their personal and professional growth in order to improve the quality of their school health nursing care. The Marion C. Early R-V School District should encourage and support the improvement of school nurse competencies.
FUNCTIONS OF THE PROGRAM

The comprehensive school health program has three basic functions:

1) Provide an effective health instruction program at all grade levels.

2) Deliver health services to students and staff.

3) Aid in providing a safe and healthy environment.

The purpose of this plan is to help each individual attend school in optimum health and in turn be able to receive full benefit from the school experience.

The provisions of the school health services program will include the following:

1) Continuous health appraisal of all students at all grade levels. All students shall be subject to examination by county health officials whenever such examination is deemed necessary.

2) The administration of state laws, which protect the health of children attending public schools in Missouri. The law requires:
   a) Immunization against certain contagious diseases.
   b) Exclusion from attendance of students who have contagious diseases or who are not in compliance with state regulations concerning immunizations.

3) Emergency first-aid treatment for accident or illness occurring during the school day.

4) Guidance and counseling concerning health problems of students.

5) Maintenance of student health records.

6) Health education in the district's instructional program.

7) Screening tests for defects in vision and hearing. Parents/guardians will receive a written notice of any defects, which interfere or tend to interfere with a student's progress.

8) Aid in maintaining a safe and healthy school environment, including keeping current information regarding resources and referral procedures to community facilities.

9) Promote health and wellness in students and staff.

The health services program shall not include diagnosis, treatment, or the administering of medicine for physical ailments of which the parents/guardians are aware before the child is sent to school, unless special arrangements have been made with the health services staff.
PROGRAM COMPONENTS

The overall goal of the school health plan is to improve, protect, and maintain the health status of individuals in the school setting and to ensure that each student is in the best state of health possible in order to receive the maximum benefit from the educational experiences offered.

Components include:

1) Health Office Management
2) Health and Developmental Screening
3) First Aid and Emergency Care
4) Prevention and Control of Communicable Diseases
5) Special Health Concerns
6) Safe and Healthy Environment
7) Promotion of Wellness
## GOALS AND OBJECTIVES

**COMPONENT: Health Office Management**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a health facility that contributes to the efficient and effective management of health services.</td>
<td>Records and resource files will be maintained in an orderly manner.</td>
<td>Keep emergency information in appropriate location (by phones). Files should be alphabetical. Maintain a health room log to show disposition of student problem. Instruct secretary/administrator as to procedures in the event of nurse's absence.</td>
<td>Necessary information for emergency situation is complete, current and readily available.</td>
</tr>
<tr>
<td>Protect confidentiality of the appropriate information regarding students and staff.</td>
<td>All records with individual health information will be kept confidential.</td>
<td>Keep health information in locked files and control access. Determine who, in the school setting, should have access to school health records. Maintain separate professional nursing notes as necessary.</td>
<td>Confidentiality is not breached.</td>
</tr>
<tr>
<td>Establish and maintain methods of communication between health office and school community.</td>
<td>Individuals in the school setting will be aware of appropriate method to access care and information in areas of health and safety.</td>
<td>Provide system for: a) recording and returning phone calls b) written referral from staff c) student to access care d) communicating outcomes of care to staff and parents</td>
<td>Individuals are able to access care and information.</td>
</tr>
<tr>
<td>GOALS</td>
<td>OBJECTIVES</td>
<td>ACTIVITIES</td>
<td>OUTCOMES</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Provide documentation of school nurse activity.</td>
<td>Annual report will be made including outcome oriented reporting, and demonstration of the value of professional nursing services. Program will be evaluated annually based on performance and the above report.</td>
<td>Prepare daily/monthly nursing activity logs.</td>
<td>Program reflects revision as needed, with input from others involved in the comprehensive school health program. Administration receives report of school health services.</td>
</tr>
</tbody>
</table>

**COMPONENT: Health and Developmental Screening**
<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify factors in health and developmental history, which may be potential barriers to the educational process.</td>
<td>Health and developmental history will be obtained and updated as needed on each student entering the district.</td>
<td>Use health records that facilitate proper documentation in clear, concise form, noting areas in history, which require further assessment.</td>
<td>Records are reviewed annually to ensure a health and developmental history is complete and current.</td>
</tr>
<tr>
<td>Assess health status for deficits, which may interfere with ability to learn (screenings).</td>
<td>Plan for screenings has been developed to conduct age-appropriate screenings utilizing proper techniques and equipment.</td>
<td>Develop district policy regarding grade levels and type of screenings to be conducted.</td>
<td>Screenings considered to be essential and age-appropriate are completed and recorded.</td>
</tr>
<tr>
<td>Communicates findings to parents and students and assist as needed in seeking remediation of problem.</td>
<td>Parent is notified of problem found, and communication is documented.</td>
<td>Develop standard procedure for notifying students, parents, and teachers regarding health problem.</td>
<td>Documentation exists for all follow-ups.</td>
</tr>
</tbody>
</table>

**COMPONENT: First Aid and Emergency Care**
<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide competent personnel who can take appropriate action in case of illness or injury.</td>
<td>Written school board policy will exist in regard to care of illness and injury.</td>
<td>Place first aid supplies in easily accessible locations.</td>
<td>Appropriate number of first aid kits are available in each building and for off school activities.</td>
</tr>
<tr>
<td></td>
<td>Medical problems list of students and staff will be current.</td>
<td>Post emergency numbers by all phones.</td>
<td>Staff is notified of those persons at risk.</td>
</tr>
<tr>
<td></td>
<td>Supplies and equipment will be adequate and well maintained.</td>
<td>Provide opportunity for CPR and first aid instruction for all staff.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse will have current CPR certification.</td>
<td>Have administrator designate person(s) to take charge in event of emergency.</td>
<td></td>
</tr>
<tr>
<td>Provide injury reporting system that can be evaluated and appropriate intervention designed.</td>
<td>Reports will be prepared to document significant injury.</td>
<td>Keep daily log in health room.</td>
<td>Injury reports are evaluated and intervention made.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide in service to staff who might have need to prepare an injury report.</td>
<td></td>
</tr>
<tr>
<td>Encourage self-care of minor injuries.</td>
<td>Guidelines will be developed and appropriate personnel informed.</td>
<td>Provide classroom first aid supplies and instruction for self-care.</td>
<td>Teachers/students handle minor illness and injury with minimal assistance.</td>
</tr>
</tbody>
</table>
### COMPONENT: Prevention and Control of Communicable Diseases

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease absenteeism by</td>
<td>Documentation of known</td>
<td>Provide parents and</td>
<td>Communicable disease is</td>
</tr>
</tbody>
</table>
Identification and exclusion of children and personnel who are in an early stage of a communicable disease, using guidelines from Missouri Department of Health.

- Communicable disease will be included in permanent health record.
- Reportable communicable disease and animal bites will be reported to the local health unit.
- School district policy will exist for exclusion and readmission of students with diagnosed communicable diseases.
- Teachers with educational material regarding the prevention and treatment of common communicable diseases.
- Promptly notify personnel, students, and parents about the presence of a communicable disease, the usual symptoms and treatment.

Identified and contained.

<table>
<thead>
<tr>
<th>COMPONENT: Special Health Concerns</th>
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</thead>
<tbody>
<tr>
<td>GOALS</td>
</tr>
<tr>
<td>Assist in appropriate educational placement of</td>
</tr>
</tbody>
</table>
children with special needs.

be on file.

Current medical information will be available regarding special needs.

teams.

Prepare summary of pertinent information from developmental history and medical records.

appropriately placed, and health needs are addressed in individual education plan (IEP) if appropriate.

When the need arises, develop and implement individual student health plan (IHP) to assist school personnel to consistently meet special needs.

Parents will be involved in identification of needs.

Health professional will be available to monitor special care procedures.

Student's health data will be interpreted to staff and parents.

Staff will be kept advised of change in condition and of any need to change health plan

Involve student and/or family in development of plan.

Provide teacher/staff inservices regarding health plan for student.

Assess home environment to determine students' usual coping behaviors.

Individual Health Plan (IHP) or health component of IEP will be on file and reviewed at least annually.

Teachers and staff demonstrate acceptance of health plan.

Meet physical and psychological needs for students with handicaps to learning.

Policies covering medication and emergency needs will be written and revised annually.

Written building level emergency plans will be inclusive of students with disabilities.

Physical plant will be adapted for special needs.

Student/nurse conferences will be scheduled as needed.

Provide opportunities for students/families to share feelings regarding their handicapping conditions.

Develop resources in health care community to help school meet special needs of students.

Provide and/or supervise special health care procedures that will permit student to remain in the least restrictive environment.

Students are integrated into the least restrictive environment.

Adaptations are made to minimize effects of student's disability.

COMPONENT: Special Health Concerns

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help student take the responsibility for managing his condition or</td>
<td>Written plan will exist for teaching self-care that is revised as goals are met.</td>
<td>Provide opportunity for student to practice self-care under supervision.</td>
<td>Student achievement of self-care practices are attainable.</td>
</tr>
</tbody>
</table>
providing self-care as soon as possible.

<table>
<thead>
<tr>
<th>COMPONENT: Safe and Healthy Environment</th>
</tr>
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<tbody>
<tr>
<td><strong>GOALS</strong></td>
</tr>
<tr>
<td>Provide safe and healthy physical and</td>
</tr>
<tr>
<td>psychological environment in which to</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
learn and work.

- maintenance, custodian, etc.
  - School will be in compliance with local and state sanitation standards.
  - Comprehensive injury reporting system will be in place and used for analysis and recommendations for intervention.
  - Be alert for behaviors that indicate increased stress in school setting.
  - Provide continuous surveillance of physical facility for hazards, physical comfort, and proper sanitation.
  - Inform administration of hazards reported and observed.
  - Encourage students to participate in keeping building clean and safe.
  - Conduct employee health program, including physical fitness, stress management, and health maintenance.

- Environmental hazards are reduced or eliminated after reporting.
- Safe, pleasant surroundings exist to facilitate learning.

<table>
<thead>
<tr>
<th>Facilitate adaptation needed for safety of children with disabilities.</th>
<th>Disaster plans include provision for handicapped.</th>
<th>Schedule individual conferences with students with special needs to review classroom adaptation and building emergency plans.</th>
<th>All students, including those with handicaps, can be evacuated safely and in a timely manner.</th>
</tr>
</thead>
</table>

**COMPONENT: Promotion of Wellness**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide comprehensive health education.</td>
<td>A written comprehensive health curriculum (K-12) is in place.</td>
<td>Health curriculum will be integrated and implemented by appropriate staff, K-12.</td>
<td>Increase in students' health knowledge, awareness and practices.</td>
</tr>
</tbody>
</table>
Provide information regarding health concerns to anyone with knowledge deficit and seeking resource information. | Appropriate information will be shared to assist individual with decision making process. | Maintain resource files on health subjects. | Individuals with health problems have access to appropriate information from a health professional. Individual is better prepared to assume responsibility for health care. |

Individual acceptance of responsibility for self-care. | Individual student/nurse conferences will be scheduled to assess level of understanding and need for further information regarding specific condition or disease. | Establish guidelines that allow child to initiate health room visit. Provide supplies and guidelines for self-care. Keep resource materials up to date. Develop patient education materials for distribution. | Absenteeism among students and staff due to illness/injury is decreased. Students demonstrate responsibility for their health. |

**COMPONENT: Promotion of Wellness**

<table>
<thead>
<tr>
<th>GOALS</th>
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<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote health maintenance activities.</td>
<td>School health personnel will be informed of the health and fitness program provided in physical education.</td>
<td>Provide a role model for good health practices.</td>
<td>Population in school and community reflect high level of awareness of healthy lifestyles.</td>
</tr>
<tr>
<td>Education and health instructional activities. Employee health program will be available (i.e. BP monitoring, referral system, nutrition information, sensory screening - vision and hearing, stress management, personal fitness planning, common health problems counseling).</td>
<td>Schedule health fairs for staff and families. Encourage participation by employees in fitness program. Work with community health agencies for health awareness programs. Provide health risk appraisals for staff and students. Provide health counseling on request.</td>
<td>Students and teachers needing health maintenance and improvement are actively served by the school nurse.</td>
<td></td>
</tr>
</tbody>
</table>
November 2009

The Missouri Department of Health and Senior Services recently revised the Code of State Regulations, Immunization Requirements for School Children, 19 CSR 20-28.010, and Day Care Immunization Rule, 19 CSR 20-28.040. These rules establish the minimum immunization requirements for children enrolled in Missouri public, private, and parochial schools, day cares, preschools, or nursery schools. These revisions include:

School Children

Effective beginning the 2010-2011 school year the following new requirements will be implemented:

- Second dose of varicella (chickenpox) vaccine for all children entering kindergarten.

  If the kindergarten child has had varicella (chickenpox) disease, 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 and year of previous varicella (chickenpox) disease as satisfactory evidence of having had the disease. Parental or guardian statements of disease will no longer be accepted beginning with the 2010-2011 school year for children entering kindergarten.

  This rule change applies to children entering kindergarten and thereafter. For children enrolled in grades one (1) through five (5), only one dose of varicella (chickenpox) vaccine is required. Parental or guardian statements of disease continue to be acceptable.

- Tdap (tetanus, diphtheria, and pertussis) vaccine will be required for all incoming eighth (8th) grade students if the child has completed the recommended childhood DTaP/DTP vaccination series and has not received a Td booster within the past two (2) years.

  For children enrolled in grades nine (9) through twelve (12) who have not received a single dose of Td, it is highly recommended they receive a single dose of Tdap as their catch-up booster instead of Td or receive one dose of Tdap two years after the last Td dose.

Day Care, Preschool, Nursery School Children

Effective July 1, 2010 the following new requirements will be implemented:

- Age appropriate pneumococcal conjugate vaccine (PCV) for children attending day care, preschool, or nursery schools caring for ten or more children.

- For all children who have had varicella (chickenpox) disease, a licensed doctor of medicine (MD) or doctor of osteopathy (DO) may sign and place on file with the child care facility a written statement documenting the month and year of previous varicella (chickenpox) disease as satisfactory evidence of having had the disease. Parental or guardian statements of disease will no longer be acceptable beginning July 1, 2010.

For additional information, contact the Bureau of Immunization Assessment and Assurance at (573) 751-6124. Our public health system relies on every dedicated health professional to ensure the health of Missourians.
2011-2012 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before they can attend school.

- The Advisory Committee on Immunization Practices allows a 4-day grace period, so students in all grade levels may receive immunizations up to 4 days before they are due.

- 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/recs/schedules/child-schedule.htm).

- To remain in school, students "in progress" must have an Imm.P.14 form (which includes appointment date for needed immunization(s)) 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 school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (For example, hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.) In progress does not apply to the Tdap or Td booster.

- 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.

<table>
<thead>
<tr>
<th>Vaccines Required for School Attendance</th>
<th>Doses Required by Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DTP/DT (^1)</td>
<td>K</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (^2)</td>
<td>1</td>
</tr>
<tr>
<td>IPV (Polio) (^3)</td>
<td>3+</td>
</tr>
<tr>
<td>MMR</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3+</td>
</tr>
<tr>
<td>Varicella (^4)</td>
<td>2</td>
</tr>
</tbody>
</table>

1. Last dose on or after fourth birthday and last dose of pediatric pertussis before seventh birthday. **Maximum needed:** six doses.

2. Tdap, which contains pertussis vaccine, is required for students enrolled in the eighth and ninth grade who have completed the recommended childhood DTaP/DTP vaccination series and have not received a Td booster dose within the past two years. 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.** For 10-12 grades, a Tdap or Td booster is required 10 years after the last dose of DTaP, DTP or DT. In the event of a pertussis outbreak situation, Tdap may be given at intervals less than 10 years.

3. **Kindergarten & 1st Grade:** Last dose must be administered on or after fourth birthday. The interval between the next-to-last and last dose should be at least six months.

   2-6 Grades: Last dose on or after 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 4-6 years of age constitutes a complete series. **Maximum needed:** four doses.

4. **Kindergarten & 1st Grade:** As satisfactory evidence of disease, an 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.

   2-6 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.
IMMUNIZATIONS OF STUDENTS

All students must provide satisfactory evidence of immunization, which shall be a statement, certificate or record from a physician or other recognized health facility or appropriate personnel, which states that the required immunizations have been given to the person, and which verifies the type of vaccine, and the month, day and year of administration.

To remain in school, students "in progress" must receive immunizations as soon as they become due. Religious and medical exemptions will be allowed as follows:

Medical Exemptions: A child shall be exempted from the immunization requirements upon certification by a licensed physician that such immunization would seriously endanger the child's health or life, or if in the physician's medical judgment the child has become naturally immune to a specified disease by virtue of having had that disease.

Parent or Guardian Exemption: A child shall be exempted from the immunization requirements if one parent or guardian objects in writing to the building-level administrator against immunization of the child for religious reasons. The parent/guardian must sign and place on file a Religious Immunization Exemption form indicating that immunization of the student violates the religious beliefs of the parent of guardian.

Immunization in Progress: Students who are incompletely immunized may continue to attend school as long as they have begun the series and are making satisfactory progress as outlined on the Missouri Dept. of Health Immunization Schedule. An Immunization In Progress Form must be on file with the student's immunization record. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law.

Non-compliant Students: The immunization law, effective August 1994, removed the 15 school day grace period. Therefore students who are not in compliance with the law must be excluded from attendance. The school administration will exercise its power of student suspension as defined in Board policies, rules and regulations and in state law.

MSBA-10/94

Marion C. Early R-V School District, Morrisville, Missouri
Immunization Requirements for Children Enrolled in Missouri Child Care and Preschool Facilities as of July 1, 2010

Young children are more susceptible to serious complications associated with certain diseases and have different immunization requirements than older children.

The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period (meaning 4 or fewer days prior to the recommended interval or age); so public, private, parochial day care centers, preschools or nursery school attendees may receive immunizations up to 4 days before they are due.

Vaccines should be administered according to the current ACIP Schedule. The ACIP Recommended Immunization Schedule for Persons Aged 0–6 Years is available at http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm. Please note - Although not required for attending child care or preschool facilities, the ACIP recommends all children be appropriately immunized with rotavirus, influenza, and hepatitis A vaccine.

The following table indicates immunizations required for children enrolled in or attending child care and preschool facilities in Missouri. This table is for use in completing the child care immunization survey, and is NOT a recommended schedule. It should only be used to determine whether a child is in compliance with Missouri child care regulations.

<table>
<thead>
<tr>
<th>Vaccines Required for Child Care and Preschool Attendance</th>
<th>DOSES REQUIRED BY THE TIME THE CHILD IS 3 Months</th>
<th>5 Months</th>
<th>7 Months</th>
<th>19 Months and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4+</td>
</tr>
<tr>
<td>PCV (Pneumococcal)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>IPV (Polio)</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3+</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2</td>
<td>2</td>
<td>2 or 3+</td>
<td>3+</td>
</tr>
<tr>
<td>Hib</td>
<td>1</td>
<td>1+</td>
<td>2+</td>
<td>3+</td>
</tr>
<tr>
<td>MMR</td>
<td></td>
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<td>1</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
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</table>

Bureau of Immunization Assessment and Assurance
(573) 751-6124   (866) 628-9891

Rev 9/09
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>Birth</th>
<th>1 Month</th>
<th>2 Month</th>
<th>4 Month</th>
<th>6 Month</th>
<th>12 Month</th>
<th>15 Month</th>
<th>18 Month</th>
<th>18-23 Month</th>
<th>2-3 Years</th>
<th>4-6 Years</th>
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<tbody>
<tr>
<td>Hepatitis B</td>
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<td>Rotavirus</td>
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<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
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<td>DTaP</td>
<td>DTaP</td>
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<tr>
<td>Inactivated Poliovirus</td>
<td></td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
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<td>Influenza</td>
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<tr>
<td>Measles, Mumps, Rubella</td>
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<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
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This schedule includes recommendations in effect as of December 26, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Use of a combination vaccine generally is preferred over separate injections of its individual component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.

1. Hepatitis B vaccine (HepB).
   - Minimum age: birth
   - Administer monovalent HepB to all newborns before hospital discharge.
   - Administer at least 1 month before HepB Ig administration.
   - Administer HBIG within 72 hours of birth.
   - Administer at least 4 months after birth.
   - Administer at least 1 month after the previous dose.
   - The first dose should be administered at age 2 or 3 months.
   - The second dose should be administered at age 4 months.
   - The third dose should be administered at age 6 months.
   - The fourth dose can be administered at age 12 months.

2. Rotavirus vaccine (RV).
   - Minimum age: 4 weeks
   - Administer at age 2 months.
   - Administer at age 4 months.
   - Administer at age 6 months.
   - Administer at age 8 months.
   - Administer at age 9 months.
   - Administer at age 12 months.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).
   - Minimum age: 6 weeks
   - Administer at age 2 months.
   - Administer at age 4 months.
   - Administer at age 6 months.
   - Administer at age 12 months.

4. Haemophilus influenza type b conjugate vaccine (HiB).
   - Minimum age: 4 weeks
   - HiB-PfP (Hibac) or HiB-PedVax (HiBpEdVax) should be administered at age 2 months.
   - HiB-PedVax should be administered at age 4 months.
   - HiB-PfP (Hibac) should be administered at age 6 months.
   - HiB-PedVax should be administered at age 12 months.

5. Pneumococcal vaccine.
   - Minimum age: 6 weeks
   - PCV (Pcvac) should be administered at age 2, 4, 6, and 12 months.
   - PCV should be administered at age 12 months for all healthy children.
   - PCV should be administered at age 18 months for all healthy children.
   - PCV should be administered at age 18 months for all healthy children.

6. Inactivated poliovirus vaccine (IPV).
   - Minimum age: 4 weeks
   - IPV should be administered at age 4 weeks.
   - IPV should be administered at age 4 weeks.
   - IPV should be administered at age 4 weeks.
   - IPV should be administered at age 4 weeks.
   - IPV should be administered at age 4 weeks.

Information about reporting reactions after immunization is available at www.cdc.gov/vaccines or by calling 800-232-4636 (HICOCO).

Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Disease at www.cdc.gov/nccrd or by calling 800-232-4636 (HICOCO).

Information provided by the Missouri Department of Health and Senior Services’ Bureau of Immunization Assessment and Assurance, 573.525.3124, March 2011.
To promote optimal learning, services need to be provided that identify health-related barriers to education. A function of school health programs also includes protecting the student's health by limiting effects of a disability. A form of preventive care is early detection of a problem, and prompt treatment. Screenings are a part of the total school health program. The follow-up of identified defects is the best measure of the program's benefits.

1. The school population needs to be assessed to determine what areas are priorities to screen, based on time, personnel, facilities, and resources for referral.

2. Screening programs will be coordinated with the overall school calendar. Planning should be done with the school administrator and/or teachers involved. Screenings will be done as early in the school year as possible to provide early intervention and maximum benefit from referral.

3. An education component will precede all screening to educate student about reasons for screening, procedure to follow, background information when applicable (anatomy), safety or conservation factors involved, and to encourage participatory role.

4. Nonprofessionals (aides or volunteers) will be utilized, where possible, to conserve professional time. They will be trained and supervised by a health professional.

5. Most areas require rescreening before referral. Programs that result in high over-referral rates are costly to parents in time, effort, and money. Rescreenings will be done as quickly as possible.
   a. Vision - Rescreen 20/40 or above (exception –Pre-Kindergarten 20/40 is okay)
   b. Hearing - within four to six weeks
   c. Scoliosis - within four to six weeks

6. Referral notices to parents will be sent within four to six weeks after rescreening. Some circumstances warrant notification by telephone. Notification should include clear directions for parents regarding desired follow-up (who, what, when, why, and particularly, how).

7. Teachers will be notified immediately of suspected vision or hearing deficits with suggestions for classroom adaptations, if needed. They will be kept informed regarding referral progress. They often have opportunities to encourage or facilitate response from parents.

8. After original screening programs, there will be a system to pick up and screen students new to the district. Screening will occur as soon as possible after enrollment.

9. All referral notices to parents will be documented as to date and response as well as
any subsequent contact. Two weeks is not an unreasonable period of time in which to expect action (responses, appointment made, completion, etc.).

10. There will be an organized method for tracking referrals to ensure maximum completion. Goals will be set for referral completions for each area screened. Parents can be contacted until action is taken. Records should clearly show contact efforts.

11. The school nurse will be knowledgeable regarding local, regional, and state resources to complete referral, if parent indicates a need for assistance.

12. Cumulative health record will reflect implementation of medical recommendation, if any, including school personnel who were advised of findings, conferences to assess student/parent understanding, and effects of action taken.

13. Screening programs and resources will be reviewed yearly to determine need to change periodicity or to develop resources in community to meet need (i.e. funds for medically indigent, fluoride program, community education, etc.).

MARION C. EARLY

23
SCREENING PROGRAM

Vision, hearing, height, weight, scoliosis, dental and blood pressure screenings are done yearly at the Health Expo, with any needed rescreenings and referrals done by the school nurse.

VISION

Vision will be screened annually for the following students:
   Pre-Kindergarten
   Grades K, 1, 2, 3, 4, 6, 8, 10, 12
   Referrals from parents, teachers and staffing team
   Random Dot E 1, 3

Vision is typically screened by the school nurse, CMH staff or trained volunteers using the Lighthouse/Sloan, however the Titmus may be necessary for use by the school nurse for rescreenings.

HEARING

Hearing will be screened annually for the following students:
   Pre-Kindergarten
   Grades 1, 3, 5, 7, 9, 11
   Referrals from parents, teachers and staffing team

Hearing is typically screened by the speech/language pathologist using the Audiometer. The tympanometer is also used in some instances.

SCOLIOSIS

Screening for scoliosis is done annually for all students, Pre-K-8. Screening is done by the school nurse, CMH staff or trained volunteers. All rescreenings are done by the school nurse, with any abnormal findings being sent to the parent, with a referral for further evaluation by a medical doctor.

PHYSICAL GROWTH

All students (Pre-K-12th grades) are assessed with regard to physical growth by checking and recording height and weight. This is done on an annual basis and findings are recorded in the student's cumulative health file.
SPECIAL EDUCATION SERVICES
(Health Care Aspects)

Policies and Procedures

All students have been guaranteed access to appropriate educational services under Public Law 94-142. Their special needs may reflect physical and/or intellectual deficits. The school district will utilize the school nurse as a health care professional in designing their holistic approach to each student's education.

1. The nurse will participate in the identification of students with possible needs for special services (i.e. preschool screening, periodic screening for sensory deficits and physical condition, and general observation of the child).

2. The nurse will aid the staffing team in obtaining a comprehensive health and developmental history and an assessment of the home environment.

3. The nurse will aid in obtaining all pertinent medical information, including sensory competency and physical condition assessments, prior to scheduled staffing.

4. The nurse will relay pertinent information from any parent conferences, medical records, and her assessment of the child.

5. The nurse will make recommendations for health care portion of individual educational plan, if appropriate (special care procedures, physical environment, equipment, etc.)

6. At least yearly, the nurse will participate in the review of objectives and revision of goals, evaluating the health problems and their possible impact on educational development.

7. The nurse will participate in the implementation of the health plan, including supervision of caregiver and education of student, parent, and staff regarding health problem, if applicable.

ILLNESS AND INJURY
The school district has the responsibility for the emergency handling of accidents and sudden illness occurring at school, on school property or during school-sponsored activities. This includes giving first aid and notifying the parents. The school is not responsible for subsequent treatment or medical expense incurred after the administration of first aid. As a guideline, the district will follow the recommended procedures in the flip chart provided jointly by the Department of Health and the Department of Elementary and Secondary Education entitled Emergency Care of Illness and Injury, DH5, 1978.

1. Policies and procedures will have written approval from local medical providers. A consulting physician may write standing orders and protocols for illness and injury care for that particular school staff, including use of emergency drug kits.

2. The district will provide adequate facilities, first aid supplies, and at least one designated staff person in each building who is trained in first aid and CPR.

3. The district will give immediate and temporary first aid care to sick and injured students.

4. Students who become ill at school should be evaluated by:
   (a) history of symptoms, with particular notice of signs and symptoms of communicable disease, (b) presence of an elevated temperature, and (c) physical assessment indicated by symptoms. Students should be isolated until a judgment should be made by the professional nurse or a physician. Parents should be notified regarding the student's complaint and/or symptoms, including any temperature elevation.

Medical Reasons for exclusion from School:

Teachers who observe any symptoms stated below should report to the Principal or School Nurse, so the pupil can be excluded from school.

   a. Any skin rash (ringworm, impetigo, running sores, scabies)
   b. Head lice (or presence of any nits)
   c. Temperature above 100 degrees (orally)
   d. Nausea/vomiting or diarrhea
   e. Earache, discharge from the ear, coughing or sore throat, accompanied by fever
   f. Inflammation of eyes (white drainage, redness or watering of the eyes)
   g. Enlarged, swollen glands (mumps or swollen glands in the neck or other parts of the body)

5. Parents or guardians will be notified immediately for appropriate instruction
since the district's responsibility is only for first aid. The right to give treatment goes no further than treatment that is necessary to protect life and to comfort the individual(s) until additional treatment can be secured by the parents or guardians.

6. The district will have on file emergency information for each child designating person to contact, with two alternate names and current information, name of physician, desired hospital (if applicable), and other special significant information (allergies, religious beliefs, etc.)

7. The district will make an effort to provide general information for parents, personnel, and students regarding diseases and their transmission because they cause such concern in today's society.

8. The district will ensure that the child is taken home or to medical care as promptly as may be arranged. For the child's safety, school personnel, including a school nurse, will not transport a seriously injured student. If parents cannot provide transportation, an ambulance will be called at the expense of the parents. A responsible adult will accompany the child in the ambulance in absence of a parent. The superintendent will be notified at the time the ambulance is requested.

9. If an injury occurs that requires further medical care (seen by physician or in emergency room) or results in absence of more that one-half day, an accident report will be generated. A copy of the accident report should be retained in the student's permanent medical record and a copy submitted to the school administrator for review.

In order that proper measures may be taken to avoid recurrence of accidents, written reports will be prepared on accidents requiring possible medical attention which occur on school premises or at a school-sponsored activity of the Marion C. Early R-V School. Reports will include:

- Date, time, and place of accident
- Name and address of injured person(s)
- Name of staff member
- Type of accident
- Personal injuries received
- Treatment given
- How the accident occurred
- Time parent contacted
- Property damage incurred

The Board will receive reports on serious accidents.

10. In the event of significant illness or injury, it is important to document timing and sequence of events, assessment made, condition of child (physical and mental
status) when leaving school facility, and any care rendered. A copy of this record should accompany the child to the medical facility, retaining original in child's record. This information will assist in diagnosis, save time, and provide specifics for accident report.

11. The district reserves the right to act as necessary, in its opinion, in a life or death situation. School personnel will notify the office of the superintendent when such emergency services are needed.
# Appendix B: School Emergency Response Plan

<table>
<thead>
<tr>
<th>Process</th>
<th>Response (Satisfactory/Unsatisfactory)</th>
<th>Comments/Follow-up</th>
</tr>
</thead>
</table>
| Recognize a situation that is an actual or potential emergency  
  - absence of breathing or heart beat  
  - respiratory distress  
  - seizure  
  - excessive bleeding  
  - fainting |                                       |                    |
| Render immediate assistance  
  - protect student from harm  
  - dispatch a designated student or school staff to get the school nurse  
  - dispatch a designated student or school staff to get the first responder  
  - assign student/school staff to initiate crowd control |                                       |                    |
| Relinquish student to the school nurse  
  - assist school nurse as requested  
  - dispatch designated student or school staff to summon 911  
  - dispatch designated student or school staff to meet the ambulance  
  - have designated school staff contact the student’s family  
  - continue crowd control |                                       |                    |
<table>
<thead>
<tr>
<th>Process</th>
<th>Response (Satisfactory/Unsatisfactory)</th>
<th>Comments/Follow-up</th>
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<tr>
<td>Assist EMS as needed</td>
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<tr>
<td>• continue crowd control</td>
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<tr>
<td>• have designated student or school staff</td>
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<td>escort EMS from the building (in the</td>
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<td>school nurse’s absence)</td>
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<td>Debrief students and school staff</td>
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<td>• secure the environment (clean area,</td>
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<td>wash hands, etc.)</td>
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<td>• clarify emergency situation with the</td>
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<td>students; answer any questions</td>
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<tr>
<td>Evaluate student’s outcome</td>
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<tr>
<td>Follow-up with involved students and staff</td>
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<td></td>
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<tr>
<td>Identify factors that may prevent future</td>
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<tr>
<td>emergencies with this student or in</td>
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<tr>
<td>general</td>
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R-5 SCHOOL DISTRICT HEALTH SERVICES  
Record of Vital Signs  

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<thead>
<tr>
<th>NAME OF STUDENT</th>
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<table>
<thead>
<tr>
<th>TIME</th>
<th>BLOOD PRESSURE</th>
<th>PULSE</th>
<th>RESPIRATION</th>
<th>TEMPERATURE</th>
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</table>

PUPIL SIZE (mm):

EYES: ____________________________

SPEECH: ____________________________

COMMENTS: ____________________________

SIGNATURE OF HEALTH CARE PROVIDER: ____________________________

PARENT NOTIFIED: TIME: ________ BY: ____________________________

SUPERVISING ADMINISTRATOR: ____________________________
MEDICATIONS, HERBAL SUPPLEMENTS AND “PERFORMANCE ENHANCEMENT SUPPLEMENTS” IN SCHOOL

It is generally 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. While parents carry the primary responsibility for their child's health, they may need to delegate some of this responsibility to school personnel who may or may not be health professionals.

The Marion C. Early R-V School District is not obligated to supply, dispense or administer medication, herbal supplements or “performance enhancement supplements” to children, but if they choose to do so, they should follow a procedure that has been approved by local medical care providers and have written directions from a physician.

A physician may recommend that students assume responsibility for their own medication as part of accepting self-care. In such instances, the school would not be responsible for the medication. Parents should make a written request to the school for this arrangement, along with a doctor’s order for self-administration, which relieves the school of any responsibility.

The school district, when requested by parents/guardians and physicians, will permit children with certain chronic diseases to carry their own medication to facilitate use (i.e. bronchodilators).

I. Emergency Medication Kit

A. The school district should secure a written order from a student's individual physician for inclusion of an emergency medication kit to cover administration of epinephrine and/or antihistamine in the case of anaphylaxis. Some students may have a "sting kit" available with an individual prescription.

B. This should include a standing order and the protocol to follow in the event of anaphylaxis shock, including who may administer medication. The school nurse should train designated personnel in the proper administration of medications.

C. Drugs should be properly labeled by the pharmacy. Emergency kit should be kept in a secure location that is easily accessible to qualified personnel.

D. Careful documentation of an emergency event, including any medication given, should exist in the student's record.

II. Prescription Drugs, Herbal Supplements or “Performance Enhancement Supplements”

A. The physician will provide a written request that the student be given medication during school hours. The request will state name of drug, dose, time of dosage, reason for medication, herbal supplements or “performance enhancement supplements,” route of administration, adverse effects, emergency instructions that might be applicable, and who may administer the medication, herbal supplements or “performance enhancement supplements.” A form will be provided by the school for this purpose.

B. A parent or guardian will make a written request that the school district comply
with the physician's request to give medication, herbal supplements or “performance enhancement supplements.”

C. Parent will supply the medication, herbal supplements or “performance enhancement supplements” in a properly labeled container from the pharmacy with only those doses to be given at school and with instructions regarding any special need for storage, i.e. refrigeration. Medical supplies should not exceed 90 days.

D. The school district will provide a secure, locked cabinet for medication, herbal supplements or “performance enhancement supplements,” to prevent misuse or accidental ingestion.

E. School personnel will document administration of medication, herbal supplements or “performance enhancement supplements” on a form stating date, student's name, drug, dose, time, and name or initials of person responsible. The completed form will be retained as verification.

III. Nonprescription Drugs

Only prescription medication, prescribed herbal supplements or “performance enhancement supplements” will be administered or stored in the school health office. NO over-the-counter medication (including cough medicine or any non-prescription medication) will be given unless it is prescribed by a doctor. Students may not transport prescription or nonprescription medications to school.

IV. Role of School Nurse in Administration of Medication, Herbal Supplements or “Performance Enhancement Supplements”

A. The school is responsible for supervising the administration of medication, herbal supplements or “performance enhancement supplements” at school. It is not cost-effective to require the nurse to personally deliver all medication, herbal supplements or “performance enhancement supplements” but she can take responsibility to:

1. Provide for safe, locked storage of medication, herbal supplements or “performance enhancement supplements” to prevent misuse or accidental ingestion.

2. Ensure that regular prescription medication, herbal supplements or “performance enhancement supplements” is given as ordered.

3. Ensure that other medication, herbal supplements or “performance enhancement supplements” is given appropriately for reason stated in parents' request (headache, cough, etc.)

4. Ensure that proper documentation is made by whoever gives medication, herbal supplements or “performance enhancement supplements”.

5. Educate all involved regarding the proper use of medication, herbal supplements
or “performance enhancement supplements.” This includes information about adverse effects and emergency procedures.

6. Discourage inappropriate use of medication, herbal supplements or “performance enhancement supplements” (i.e. preparation that might mask more serious problems, symptoms that might reflect a nonmedical problem in school setting, etc.)

7. Communicate to parent and/or physician the effect of medication, herbal supplements or “performance enhancement supplements” on student and his performance or frequency of requests for "as needed" medication.

8. Review need for ongoing medication, herbal supplements or “performance enhancement supplements”--renew orders as necessary. Standing orders/protocols need to be renewed yearly.

9. Determine that any student taking responsibility for his own medication, herbal supplements or “performance enhancement supplements” has knowledge of drug action, side effects, and proper administration.

ADMINISTERING MEDICINES, HERBAL SUPPLEMENTS OR “PERFORMANCE ENHANCEMENT SUPPLEMENTS” TO STUDENTS
Giving medicine, herbal supplements or “performance enhancement supplements” to students during school hours shall be discouraged and restricted to necessary medication, herbal supplements or “performance enhancement supplements” that cannot be given on an alternative schedule. When medicine, herbal supplements or “performance enhancement supplements” is to be administered by school officials, the medicine, herbal supplements or “performance enhancement supplements” must be accompanied by a label affixed by a pharmacy/physician or a parent/guardian in the case of a non-prescription medicine, herbal supplements or “performance enhancement supplements.” In addition, written instructions, signed by the parent/guardian and physician, will be required and will include the following:

1. Child's name.
2. Date prescribed.
3. Name of medication, herbal supplements or “performance enhancement supplements.”
4. Purpose of medication, herbal supplements or “performance enhancement supplements.”
5. Time to be administered.
6. Dosage.
7. Possible side effects.
8. Termination date for administering the medication, herbal supplements or “performance enhancement supplements.”

The administration of the medicine, herbal supplements or “performance enhancement supplements” to a student, when all the above conditions have been met, shall be limited to the school nurse or other designated person(s). All medication, herbal supplements or “performance enhancement supplements” shall be kept in the nurse's office. The parents/guardians of the student must assume responsibility for informing school personnel of any change in the student's health or change in medication, herbal supplements or “performance enhancement supplements.”

The school nurse shall have the right to refuse to give any medication, herbal supplements or “performance enhancement supplements.” The medication, herbal supplements or “performance enhancement supplements” will be delivered to the school by the parent/guardian or other responsible adult.

Medication, herbal supplement or “performance enhancement supplement” supplies should not exceed 90 days.

**MEDICATIONS TO BE USED BY THE SCHOOL NURSE**

Antibiotic Ointment
Caladryl
What Is HIPAA?

HIPAA (The Health Insurance Portability and Accountability Act of 1996) was developed to address the efficiency and effectiveness of the health care system in the United States. Within
HIPAA, the Administrative Simplification rules are a set of regulations that establish standards and protections for health care systems. The “Privacy of Health Information” has been effective since April 14, 2003

While HIPAA establishes new privacy standards for protected health information (PHI), some disclosures are still allowed without authorization from the patient or his or her parent or guardian.

According to Missouri Revised Statute 167.183, “the immunization status of persons against childhood diseases as required by section 167.181 and section 210.003, RSMo, may be disclosed and exchanged without a parent’s or guardian’s written release authorizing such disclosure” to persons with a need to know. HIPAA does no invalidate this statute.

For additional information, see the Department of Health and Senior Services’ brochure, “Public Health and HIPAA: Legally Sharing Information with Public Health Agencies,” at http://wwwdhss.state.mo.us/HIPAA/

Marion C. Early R-V School District HIPAA Procedures

STUDENTS

Students Educational Records
Health Information Records

Student health information includes information required by state law such as:

1. Mandated immunizations;
2. Health and physical assessment data;
3. Health screenings for vision, hearing, scoliosis or cholesterol;
4. Injury reports;
5. Incident reports of alcohol or drug use in school;
6. Health assessments and other evaluation reports related to eligibility for services under the IDEA and Section 504; and
7. Referrals for suspected child abuse.

Student health information may also include:

1. Records of student-initiated visits to the school health office, including assessments, interventions and referrals;
2. Records of meetings between education and health professionals for planning or identifying assessment measures, recommended interventions, and student outcomes;
3. Records for in-school medication, including original signed orders from a physician, written consent from parent and/or guardian to administer drug, medication logs for both routine and as-needed medications;
4. Physicians’ orders, correspondence, evaluation reports, copies of treatment records, institutional or agency records, discharge summaries from outside health care providers or hospitals that have been released by parents to assist in planning individualized school health care or programs;
5. Evaluation reports or specialized assessments such as neurological tests;
6. Individualized emergency care plans for students with special health care needs, including routine and emergency interventions and methods for evaluating student outcomes;
7. Health-related goals and objectives or an Individualized Healthcare Plan or part of a student’s Individualized Education Program (IEP) for students whose health conditions affect their educational needs;
8. Psychologists’ or guidance counselors’ records of psychological test results, student interviews and counseling, consultations with school staff or parents, and referrals and consultation with outside counselors, therapists, psychologists or psychiatrists, all of which might be considered “mental health” records;
9. School social workers’ case histories, counseling notes and interviews, or their records of consultations with school staff, parents, outside counselors, therapists, psychologists or psychiatrists; and
10. Case notes, evaluations, and interventions by other pupil services personnel.

All information contained in a student’s health information records, except information designated as directory information by the District, shall be confidential and shall be directly accessible only to school officials who demonstrate a legitimate educational interest in the student health information and to parents/guardians or eligible students.

The District will comply with all state and federal law pertaining to the confidentiality of student
health information.

Missouri Revised Statutes
Chapter 167
Pupils and Special Services
Section 167.194

August 28, 2009
Vision examination required, when--rulemaking authority--components of the examination--sunset provision.

167.194. 1. Beginning July 1, 2008, every child enrolling in kindergarten or first grade in a public elementary school in this state shall receive one comprehensive vision examination performed by a state licensed optometrist or physician. Evidence of the examination shall be submitted to the school no later than January first of the first year in which the student is enrolled at the school, provided that the evidence submitted in no way violates any provisions of Public Law 104-191, 42 U.S.C. 201, et seq, Health Insurance Portability and Accountability Act of 1996.

2. The state board of education, in conjunction with the department of health and senior services, shall promulgate rules establishing the criteria for meeting the requirements of subsection 1 of this section, which may include, but are not limited to, forms or other proof of such examination, or other rules as are necessary for the enforcement of this section. The form or other proof of such examination shall include but not be limited to identifying the result of the examinations performed under subsection 4 of this section, the cost for the examination, the examiner's qualifications, and method of payment through either:

(1) Insurance;
(2) The state Medicaid program;
(3) Complimentary; or
(4) Other form of payment.

3. The department of elementary and secondary education, in conjunction with the department of health and senior services, shall compile and maintain a list of sources to which children who may need vision examinations or children who have been found to need further examination or vision correction may be referred for treatment on a free or reduced-cost basis. The sources may include individuals, and federal, state, local government, and private programs. The department of elementary and secondary education shall ensure that the superintendent of schools, the principal of each elementary school, the school nurse or other person responsible for school health services, and the parent organization for each district elementary school receives an updated copy of the list each year prior to school opening. Professional and service organizations concerned with vision health may assist in gathering and disseminating the information, at the direction of the department of elementary and secondary education.

4. For purposes of this section, the following comprehensive vision examinations shall include but not be limited to:

(1) Complete case history;
(2) Visual acuity at distance (aided and unaided);
(3) External examination and internal examination (ophthalmoscopic examination);
(4) Subjective refraction to best visual acuity.

5. Findings from the evidence of examination shall be provided to the department of health and senior services and kept by the optometrist or physician for a period of seven years.

6. In the event that a parent or legal guardian of a child subject to this section shall submit to the appropriate school administrator a written request that the child be excused from taking a vision examination as provided in this section, that child shall be so excused.

7. Pursuant to section 23.253, RSMo, of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset on June 30, 2012, unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset eight years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

(L. 2007 S.B. 16)
Sunset date 6-30-12, unless reauthorized
Termination date 9-01-13, unless reauthorized

Missouri Revised Statutes
Chapter 167
Pupils and Special Services
Section 167.195
August 28, 2009

Eye screening required, when--recording of results--children's vision commission established, members, duties.

167.195. 1. Beginning July 1, 2008, and continuing through the 2010-11 school year unless extended by act of the general assembly, all public school districts shall conduct an eye screening
for each student once before the completion of first grade and again before the completion of third grade. The eye screening method utilized shall be one approved by the children's vision commission and shall be performed by an appropriately trained school nurse or other trained and qualified employee of the school district.

2. Results of each eye screening shall be recorded on a form provided by the department of health and senior services, developed and approved by the children's vision commission established under this section.

(1) The screening results, with all individual identifying information removed, shall be sent to the state department of health and senior services via electronic form and shall compile the data contained in the reports for review and analysis by the commission or other interested parties;

(2) When a student fails the eye screening, the school district shall send a notice developed by the commission to the parent or guardian notifying them of the results of the eye screening and propose that the student receive a complete eye examination from an optometrist or physician. Such notice shall have a place for the parent to acknowledge receipt along with an indication as to whether the student has received a complete eye examination and the results of the examination. Evidence of an examination provided by an optometrist or physician within the year preceding the school eye screening shall be sufficient for meeting the requirements of this section. The notice completed by the parent or guardian is to be returned to the school and shall be retained in the student's file and a copy shall be sent to the department of health and senior services;


3. The "Children's Vision Commission" is hereby established which shall cease to exist on June 30, 2012, unless renewed by act of the general assembly.

(1) The commission shall be composed of seven members appointed by the governor: two ophthalmologists to be determined from a list of recommended ophthalmologists by the Missouri Society of Eye Physicians and Surgeons; two optometrists to be determined from a list of recommended optometrists by the Missouri Optometric Association; one school nurse; one representative from the department of elementary and secondary education; and one representative from the Missouri state school boards association. Each ophthalmologist and optometrist shall serve a one-year term as chair of the commission. Members of the commission shall serve without compensation, but may be reimbursed for reasonable and necessary expenses associated with carrying out their duties.

(2) Duties of the commission shall be as follows:

(a) Analyze and adopt one or more standardized eye screening and eye examination tests to carry out the requirements of this section to be used in all schools beginning with the 2008-09 school year which, in the commission's estimation, have a reasonable expectation of identifying vision problems in children;
(b) Develop, in conjunction with the department of health and senior services, a standardized reporting form which shall be used by all school districts in carrying out the requirements of this section;

(c) Design and coordinate appropriate training programs for school district staff who conduct the screening exams. Such training programs may utilize the volunteer services of nonprofit professional organizations which, in the opinion of the commission, are qualified to carry out those responsibilities associated with providing the training required;

(d) Conduct a pilot project to track the results of the eye screenings versus eye examinations conducted based on the reports submitted by school districts to the department of health and senior services;

(e) Develop, in conjunction with the Missouri Optometric Association (MOA) and the Missouri Society of Eye Physicians and Surgeons (MOSEPS), guidelines outlining the benefits and ongoing eye care for children and summarizing the signs and symptoms of vision disorders in order for the guidelines to be made available on the MOA and MOSEPS website. The commission shall also consult with MOA and MOSEPS in the organizations' education and promotion of the guidelines;

(f) By December 31, 2011, the commission shall submit a report to the general assembly detailing the results and findings of the study, including but not limited to the total number of eye screenings and eye examinations, the number of students who received a follow-up examination from an optometrist, ophthalmologist, physician, or doctor of osteopathy and the results of those examinations to determine the effectiveness of eye examinations versus eye screenings.

4. The department of health and senior services shall make a reasonable accommodation for public review and inspection of the data collected as part of the eye screening pilot project provided that no information is revealed that could identify any individual student who was screened or examined.

5. In the event that a parent or legal guardian of a child objects to the child's participation in the eye screening program, the child shall be excused upon receipt by the appropriate school administrator of a written request.

6. The department of health and senior services shall provide staff support to the commission.

**HEAD LICE TREATMENT AND PROCEDURE**

All students will be screened regularly by the school nurse for head lice. Screenings will be conducted a minimum of four (4) times per year (once per quarter), and in between as deemed necessary. All new enrollees will be screened before being admitted to class.

Any student found with lice/nits will be sent home and excluded from school until such time as complete, successful treatment is performed, which includes use of a pediculosis shampoo **AND COMPLETE REMOVAL OF ALL NITS.** Students will not be readmitted to class until a parent accompanies them to the school nurse to be rechecked, and the nurse finds them nit-free. To prevent reinfestation, clothing, bedding, mattresses, furniture, carpeting and all other items in the home must be washed and dried, dry cleaned, or sprayed with a pediculicide spray. It is also
necessary to treat all persons in the household with possible infestation.

The school will keep a record of identified cases of head lice. County Health officials and Family Services will be utilized as deemed necessary. The child abuse hotline may be utilized in cases of chronic problems.

INSTRUCTIONS FOR TREATMENT

TREATMENT: Treatment with a pediculosis shampoo (i.e. Kwell, Nix, Rid, etc.)
All persons in the household should also be examined for the presence of head lice. If lice or nits are detected, all infested persons should undergo treatment with the anti-lice shampoo.

PROCEDURE: Remove all clothing.
Use shampoo as directed on label. Do not use more often than directed.
Put on clean clothes after shampooing.
Wash (using hot cycle of washing machine) all clothing, towels, and bed linens used by all persons with head lice.
Dry-clean all clothing and hats that cannot be washed.
Mattresses, furniture, rugs and other objects which cannot be laundered or dry-cleaned must be sprayed with a pediculicide spray (i.e. Rid Spray, etc).
Combs & brushes should be washed with a pediculicide.

RETREATMENT: Retreatment of all initially infested persons in eight (8) to ten (10) days is recommended by the U.S. Government's Public Health Service to ensure complete elimination of the infestation.

PREVENTION: To prevent spread of lice, persons with head lice should not share articles that come in contact with the head, neck or shoulders (i.e. combs, brushes, coats, towels, bedding, etc.) Hot temperatures from hair dryers will aid in prevention.

Missouri Revised Statutes
Chapter 167
Pupils and Special Services
Section 167.191
August 28, 2009
Children with contagious diseases not to attend school--penalty.

167.191. It is 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 to transmit such disease after having been exposed to it. For the purpose of determining the diseased condition, or the liability of transmitting the disease, 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. If the parent or guardian refuses to have an examination made by a physician at the request of the teacher or board of directors, the teacher or board of directors may exclude the child from school. Any parent or guardian who persists in sending a child to school, after having been examined as provided by this section, and found to be afflicted with any contagious or infectious disease, or liable to transmit the disease, or refuses to have the child examined as herein provided, is guilty of a misdemeanor, and, upon conviction, shall be punished by a fine of not less than five nor more than one hundred dollars.

(L. 1963 p. 200 § 8-19)
(Source: RSMo 1959 § 163.360)
COMMUNICABLE DISEASES – STUDENT

Purpose

The School Board recognizes its responsibility to protect the health of students and employees from the risks posed by infectious diseases. The Board also has the responsibility to uphold the rights of affected individuals to privacy and confidentiality, to continue to attend school, and to be treated in a nondiscriminatory manner.

Immunization

Students cannot enroll and/or attend school unless immunized as required by Missouri law.

Universal Precautions

The district requires all staff to routinely observe universal precautions to prevent exposure to disease-causing organisms, and the district should provide necessary equipment/supplies to implement universal precautions.

Categories of Potential Risk

Students with infectious diseases that can be transmissible in school and/or athletic settings (such as, but not limited to, chicken pox, influenza and conjunctivitis) should be managed as specified in: (a) the most current edition of the Missouri Department of Health document entitled Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, Teachers, and Day Care Operators and (b) documents referenced in 19 CSR 20-20.030 and (c) in accordance with any specific guidelines/recommendations or requirements distributed by the local county or city health department.

A student infected with a bloodborne pathogen such as hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV) poses no risk of transmission through casual contact to other persons in a school setting. Students infected with one of these viruses shall be allowed to attend school without any restrictions which are based solely on the infection. The district cannot require any medical evaluations or tests for such diseases.

Exceptional Situations – There are certain specific types of behaviors (for example, biting or scratching) or conditions (for example, frequent bleeding episodes or uncoverable, oozing skin lesions) which could potentially be associated with transmission of both bloodborne, and nonbloodborne pathogens. No student, regardless of whether he or she is known to be infected with such pathogens, should be allowed to attend school unless these behaviors or conditions are either absent or appropriately controlled in a way that avoids unnecessary exposure.
In these exceptional instances, an alternative educational setting may be warranted. In certain instances, a designated school administrator may want to convene a Review Committee. The number of persons on the Review Committee should be limited. It is recommended that members be limited to: 1) the parent(s)/guardian(s), 2) medical personnel (student's physician, school nurse), 3) building administrator, 4) superintendent and/or designee. Local health department officials may be consulted and/or included as members of the review team. If the student is identified as having a disability, any change of placement would need to be effected through the Individualized Education Program (IEP) process. In the case of a student with a disability, but not identified under the Individuals with Disabilities Education Act, any change of placement would need to be effected through a multidisciplinary team meeting.

Specific mechanisms should be in place to ensure the following are consistently done:

1. All episodes of biting, and all children who exhibit repeated instances of significant aggressive behavior, should be reported to the designated school administrator.

2. The school nurse, and the designated school administrator when appropriate, should be informed of any child who has recurrent episodes of bleeding or who has uncoverable, oozing skin lesions.

3. The school nurse, and the designated school administrator when appropriate, should be promptly informed of any child with an illness characterized by a rash.

4. The school nurse, and the designated school administrator when appropriate, shall be informed of any instance in which the significant potential for disease transmission occurs.

Confidentiality

The superintendent or designee shall ensure that student confidentiality rights are strictly observed in accordance with law. Two groups of people within a school system may be informed of the identity of a student with HIV infection on a "need-to-know" basis. They are:

1. Those designated by the school district to determine the fitness of an individual to attend school (see recommended review committee membership listed above); and

2. Those who have a reasonable need to know the identity of the child in order to provide proper health care.
Examples of people who need to know are school nurse, review team members, and IEP team if applicable. Security of medical records will be maintained. Breach of confidentiality may result in disciplinary action.

Education — Student

All students should receive age-appropriate information about the prevention and control of communicable diseases, to include the use of universal precautions. Instruction should be incorporated within a comprehensive school health curriculum in grades K-12 as stated in Missouri School Improvement Program Standards.

Reporting and Disease Outbreak Control

Reporting and disease outbreak control measures will be implemented in accordance with state and local law and Department of Health rules governing the control of communicable and other diseases dangerous to public health, and any applicable rules distributed by the appropriate county or city health department.

Notification

Superintendents who supply a copy of this policy, adopted by the district Board of Education, to the Department of Health shall be entitled to confidential notice of the identity of any district child reported to the Department as HIV-infected and known to be enrolled in the district. The parent or guardian is also required by law to provide such notice to the superintendent.

Review

The district shall periodically review its policies and procedures and make revisions when necessary.

* * * * * *

Adopted: JUL 0 0

Cross Refs: GBE, Staff Health and Safety
JGD, Student Suspension and Expulsion
JHC, Student Health Services and Requirements
JHCB, Inoculations of Students

Americans With Disabilities Act, 42 U.S.C. 12101 et seq.
Section 504 of the Rehabilitation Act of 1973
FILE: JHCC
Critical

19 CSR 20-20.010 through 20-20.060 and 20-28.010

School District of Marion C. Early R-V, Morrisville, Missouri
COMMUNICABLE DISEASES – EMPLOYEE

Purpose

The School Board recognizes its responsibility to protect the health of students and employees from the risks posed by infectious diseases. The Board also has the responsibility to uphold the rights of affected individuals to privacy and confidentiality, to continue their employment, and to be treated in a nondiscriminatory manner.

Universal Precautions

The district requires all staff to routinely observe universal precautions to prevent exposure to disease-causing organisms, and the district should provide necessary equipment/supplies to implement universal precautions.

Categories of Potential Risk

Employees with infectious diseases that can be transmittable in school and/or athletic settings (such as, but not limited to, chicken pox, influenza and conjunctivitis) should be managed as specified in: (a) the most current edition of the Missouri Department of Health document entitled Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, Teachers, and Day Care Operators and (b) documents referenced in 19 CSR 20-20.030 and (c) in accordance with any specific guidelines/recommendations or requirements distributed by the local county or city health department. A medical release may be required of the employee in certain circumstances.

An employee infected with a bloodborne pathogen such as hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV) poses no risk of transmission through casual contact to other persons in a school setting. Employees infected with one of these viruses shall be allowed to continue work without any restrictions which are based solely on the infection.

Exceptional Situations — There are certain specific conditions (for example, frequent bleeding episodes or uncoverable, oozing skin lesions) which could potentially be associated with transmission of both bloodborne, and nonbloodborne pathogens. No employee, regardless of whether he or she is known to be infected with such pathogens, should be allowed to continue work unless these conditions are either absent or appropriately controlled in a way that avoids unnecessary exposure.

Specific mechanisms should be in place to ensure the following are consistently done:
1. The school nurse, and the designated school administrator when appropriate, should be informed of any staff member who has recurrent episodes of bleeding or who has uncoverable, oozing skin lesions.

2. The school nurse, and the designated school administrator when appropriate, should be promptly informed of any employee with an illness characterized by a rash.

3. The school nurse, and the designated school administrator when appropriate, shall be informed of any instance in which the significant potential for disease transmission occurs.

Confidentiality

The superintendent or designee shall ensure that an employee's confidentiality rights are strictly observed in accordance with law. Security of medical records will be maintained and such records will be kept separate from other personnel records. Breach of confidentiality may result in disciplinary action and/or civil suit.

Training – Employee

All employees should receive training annually on universal precautions and the communicable disease policy.

Testing – Employee

Medical examinations and inquiries will not be required prior to an offer of employment. However, the district may make pre-employment inquiries into the ability of the applicant to perform job-related functions. At the post-offer, pre-employment stage, medical inquiries and tests may be required of all applicants for a particular job category. Once employed, employees may only be subjected to medical inquiries or medical tests if the inquiry or test is job related and consistent with business necessity as provided by law.

Reasonable Accommodations

Districts should develop procedures to respond to employee requests for reasonable accommodations when an employee has a disability as defined by Section 504 and/or the ADA.
Reporting and Disease Outbreak Control

Reporting and disease outbreak control measures will be implemented in accordance with state and local law and Department of Health rules governing the control of communicable and other diseases dangerous to public health, and any applicable rules distributed by the appropriate county or city health department.

Review

The district shall periodically review its policies and procedures and make revisions when necessary.

*****

Adopted: JUN 9 8

Cross Refs: GBE, Staff Health and Safety
GCBDA, Professional Staff Short-Term Leaves and Absences
GCPD, Suspension and Dismissal of Professional Staff Members
GDBDA, Support Staff Leaves and Absences
JHCC, Communicable Diseases -- Students

Legal Refs: § 167.191, 191.650 -.730, RSMo.
Americans With Disabilities Act (42 U.S.C. 12101 et seq.)
P.L. 93-112, Section 504 of the Rehabilitation Act of 1973
19 CSR 20-20.010 through 20-20.060 and 20-28.010

School District of Marion C. Early R-V, Morrisville, Missouri
The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons, potentially exposed to the blood or body fluids of any student. No distinction is made between body fluids from students with a known disease or those from students without symptoms or with an undiagnosed disease.

**UNIVERSAL PRECAUTIONS**

"Universal Precautions" or "Universal Blood and Body Fluid Precautions" refer to the handling of body fluids from all patients (individuals) not just precautions recommended for those known to be infected with a bloodborne pathogen. Universal precautions were written for staff in health care settings and public safety workers, however, contact by school staff with contaminated blood and body fluids is increasingly more likely. The precautions focus on the prevention of transmission of bloodborne pathogens, primarily hepatitis B (HBV) and human immunodeficiency (HIV) viruses. Exposure is defined as contact with blood or other body fluids through percutaneous inoculation (such as needle sticks with contaminated needles) or contact with an open wound, nonintact skin or mucous membrane during the performance of normal job duties. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.

Universal precautions require the use of protective barriers. "Protective barriers reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infective materials. For universal precautions, protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply.

Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Gloves should reduce the incidence of contamination of hands, but they cannot prevent penetrating injuries due to needles or other sharp instruments. Masks and protective eyewear or face shields should reduce the incidence of contamination of mucous membranes of the mouth, nose, and eyes." (Morbidity and Mortality Weekly Report, June 24, 1988, Vol. 37, No. 24) Rarely, if at all, would precautions beyond the use of gloves and provision of ventilation devices to minimize the need for emergency mouth to mouth resuscitation be indicated in a school setting.

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent contamination of hands as described in the sections that follow.
DOES CONTACT WITH BODY FLUIDS PRESENT A RISK?

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (i.e. nasal discharge) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

The table on p. 44 provides examples of particular infectious organisms that may occur in body fluids of children and the respective transmission concerns. Germs may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including HIV and hepatitis viruses. In fact, transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because simple precautions are not always carried out. It is for this reason that "universal precautions" should be used when there is exposure to blood, semen and vaginal secretions or any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

USE OF GLOVES

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the offices of the coach, custodian, nurse, or principal and for staff in school settings such as the gymnasium and health room, where contact with blood or other body fluids is likely to occur. Gloves should be worn when direct hand contact with body fluids is anticipated (i.e. treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). Disposable (single use) gloves such as surgical or examination gloves, either vinyl or latex shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Hands must be washed afterwards.

Gloves used for this purpose should be put in a plastic bag or lined trashcan, secured, and disposed of daily.

Utility gloves may be cleaned and disinfected for re-use if they show no signs of deterioration. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

HOUSEKEEPING PRACTICES

The employer shall assure that the work site is maintained in a clean and sanitary condition and shall determine and implement an appropriate cleaning schedule for rooms where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the school, the type of surface to be cleaned, and the amount and type of soil present. Housekeeping workers shall wear appropriate personal protective equipment including general-purpose utility gloves during all cleaning of blood or other potentially infectious materials.
Initial clean up of blood or other potentially infectious materials shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted 1:10 with water. Equipment contaminated with blood or other potentially infectious materials shall be checked routinely and decontaminated if possible prior to servicing or shipping. Double-bagging prior to handling, storing, and/or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.

TABLE

55
## TRANSMISSION CONCERNS IN THE SCHOOL SETTING
### BODY FLUID SOURCE OF INFECTIOUS AGENTS

<table>
<thead>
<tr>
<th>Body Fluid-Source</th>
<th>Organism of Concern</th>
<th>Transmission Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Hepatitis B Virus</td>
<td>Blood stream inoculation</td>
</tr>
<tr>
<td>- cuts/abrasions</td>
<td>HIV</td>
<td>through cuts and abrasions</td>
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<tr>
<td>- nosebleeds</td>
<td>Cytomegalovirus</td>
<td>on hands</td>
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<tr>
<td>- menses</td>
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<td>Direct blood stream</td>
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<tr>
<td>- contaminated needle</td>
<td></td>
<td>inoculation</td>
</tr>
<tr>
<td>*Feces</td>
<td>Salmonella bacteria</td>
<td>Oral inoculation from</td>
</tr>
<tr>
<td>- incontinence</td>
<td>Shigella bacteria</td>
<td>contaminated hands</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis A Virus</td>
<td></td>
</tr>
<tr>
<td>*Urine</td>
<td>Cytomegalovirus</td>
<td>Bloodstream and oral</td>
</tr>
<tr>
<td>incontinence</td>
<td></td>
<td>inoculation from</td>
</tr>
<tr>
<td></td>
<td></td>
<td>contaminated hands</td>
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<tr>
<td>*Respiratory Secretions</td>
<td>Mononucleosis virus</td>
<td>Oral inoculation from</td>
</tr>
<tr>
<td>- saliva</td>
<td>Common cold virus</td>
<td>contaminated hands</td>
</tr>
<tr>
<td>- nasal discharge</td>
<td>Influenza virus</td>
<td></td>
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<tr>
<td>*Vomitus</td>
<td>Gastrointestinal viruses</td>
<td>Oral inoculation from</td>
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<tr>
<td></td>
<td>i.e. Norwalk agent,</td>
<td>contaminated hands</td>
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<tr>
<td></td>
<td>Rotavirus</td>
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<td>semen</td>
<td>Hepatitis B</td>
<td>Sexual intercourse</td>
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<td></td>
<td>HIV</td>
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<td></td>
<td>Gonorrhea</td>
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*Possible transmission of hepatitis B is of little concern from these sources unless they contain visible blood.

### WHAT SHOULD BE DONE IF DIRECT SKIN CONTACT OCCURS?
In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (i.e. when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). Gloves need not be worn when feeding students or when wiping saliva from chin unless blood is present. First aid for a bleeding child must not be delayed to secure gloves. In these instances hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. 

Reminder: Unbroken skin is an excellent barrier to infectious agents. Staff with sores or cuts on their hands (non-intact skin) having contact with blood or body fluids should always wear gloves. If contact with contaminated body fluids does occur, the staff member should contact the local health department or private physician for evaluation of the need for post-exposure prophylaxis.

**HOW SHOULD SPILLED BODY FLUIDS BE REMOVED FROM THE ENVIRONMENT?**

Most schools have standard procedures already in place for removing body fluids (i.e. vomitus). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills (i.e. fragra-sorb, SA-15, P129). Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

**HAND WASHING PROCEDURES**

Proper hand washing requires the use of soap and water and vigorous washing under a stream of warm water for approximately 10 seconds. Handwashing posters suitable for students are available from the Department of Health Immunization Program.

Soap suspends easily removable soil and microorganisms allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

Facilities must provide an adequate supply of running water, soap and a single use towels or hot air drying machines. When provision of hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

**DISINFECTANTS**

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids.
Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%).
2. Phenolic germicidal detergent in a 1% aqueous solution (i.e. Lysol).
3. Household bleach diluted 1 part bleach to 10 parts water.
4. Quaternary ammonium disinfectant cleaner (i.e. Bactisol, Forward disinfectant cleaner).
5. Iodophor germicidal detergent with 500-ppm available iodine (i.e. Wescodyne).

**DISINFECTION OF HARD SURFACES / ATHLETIC MATS**

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

In order to provide a safe environment, hard surfaces should be cleaned/disinfected at the conclusion of each day. This includes sporting equipment such as wrestling and gymnastic mats, as well as desk and tabletops used for eating. If an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing activity to continue. The surface should be cleaned of visible contamination and then disinfected. During athletic contests an ample supply of towels should be available. Disposable towels and tissues are recommended. **Towels must be used for one individual only and then disposed of in an appropriate receptacle.** Gloves must be worn when handling blood or objects contaminated with blood.

Soiled surfaces should be promptly cleaned with disinfectant, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in disinfectant. Those who are cleaning should wear latex gloves or other protective equipment and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

**DISINFECTION OF RUGS**

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove body fluid with the dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and
revacuum. Rinse dustpan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of nonreusable cleaning equipment as noted above.

**CARE OF CLEANING EQUIPMENT**

Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (buckets) should be thoroughly rinsed in the disinfectant. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles. Wash hands.

**LAUNDRY INSTRUCTIONS FOR CLOTHING SOILED WITH BODY FLUIDS**

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add 1/2 cup of household bleach to the wash cycle. If the material is not colorfast add 1/2 cup nonchlorox bleach (i.e. Clorox II, Borateem, BIZ) to the wash cycle.

If presoaking is required to remove stains (i.e. blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Student clothing should be sent home for washing with appropriate directions to parents. Contaminated disposable items (i.e. tissues, paper towels, diapers) should be handled with disposable gloves.

**PROCEDURES FOR CLEANING BLOOD AND/OR BODY FLUIDS**

Many infectious agents can be found in the blood or body fluids of humans. This includes individuals with no outward signs or symptoms of infection. It is therefore important that everyone adopt routine procedures for handling the clean-up of all blood/body fluids. The procedures to be
used are as follows:

1. If available, cover fluids with absorbent floor sweep material to keep the fluids from spreading. When absorbent material is not available contain the spill with paper towels, etc.

2. Wear rubber gloves and clean up spills with disposable towels or tissues.

3. All surfaces which have been in contact with the fluids should be cleaned with a disinfectant. Any EPA approved disinfectant (i.e. Lysol, etc.) can be used. A 1:10 dilution of household bleach can also be used.

4. 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 removed without soiling the hands and should be disposed of in an impervious plastic bag.

5. If the person doing the cleaning has any open skin lesions, precautions should be taken to avoid direct exposure of the lesions to the body fluids.

6. After exposure to blood/body fluids, good handwashing should consist of thorough use of soap and water for at least 10-15 seconds.

7. It is appropriate to keep a clean-up kit on hand for such spills. The clean-up kit should consist of the following items:

   - absorbent floor sweep material
   - disinfectant
   - rubber or latex gloves
   - disposable towels or tissues
   - plastic bags

   All of these materials should be kept together, in a central location.

CAUTION: The diluted bleach disinfectant solution, if used, 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 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 damage to those individuals using it.

OVERVIEW OF THE OSHA BLOODBORNE PATHOGENS STANDARD REQUIREMENTS

- Written Exposure Control Plan
  
  Occupational Exposure Determination
  Implementation of Universal Precautions
Hepatitis B Vaccine pre and post program
Communication of hazards to employees
Record Keeping (medical)
Exposure incident evaluation procedures

• Information and training
• Personal Protective Equipment/Materials
• Engineering and Work Practice Controls

Hand washing facilities
• Regulated Waste Management
• Housekeeping
• Training Records

DOCUMENTATION OF AN INCIDENT OF EXPOSURE

Documentation is extremely important as a follow-up to any blood/body fluid exposure incident. Having a written record of what occurred protects both the employee and the employer. It can also aid in identifying unsafe conditions and practices.

Documentation of a blood/body fluid exposure incident should include:
1. Completion of “Body/Body Fluids Incident Form.”
2. The extent that appropriate work practices were followed and protective equipment was used.
3. The counseling the individual received concerning the potential for infection from the incident.
4. Referral for medical evaluation by a health professional
   a. Identifying and testing the source individual, if feasible and not prohibited by State or local law. In regard to HIV testing and associated elements adherence to the Department of Health Confidentiality Law is critical.
   b. Testing the exposed employee’s blood if he/she consents.
   c. Post-exposure prophylaxis.
   d. Counseling and evaluation of reported illnesses. The employer shall obtain and provide the employee with a copy of the health professional’s written opinion within 15 days of the completion of the evaluation. The written opinion will indicate that the employee has been informed of the testing results, of any medical conditions and recommendations for follow-up. All other findings or diagnoses shall remain CONFIDENTIAL and shall not be included in the written report.

In addition to these records, make an appropriate entry on Form DOSH (Federal OSHA DOSH 200) 900 – Accident/Illness and injury Log following all incidents of exposure (Appendix K). Documentation should be kept for the length of the individual’s employment plus 30 years.

When this form is annually displayed, DO NOT post the names.
BLOOD AND BODY FLUIDS INCIDENT OF EXPOSURE FORM

Employees Name ___________________________ Employee S.S. # ___________________________

Home Address ___________________________ Home Phone ___________________________

School ___________________________ School Code ___________________________

Position ___________________________ Supervisor/School Nurse ___________________________

DESCRIPTION OF INCIDENT

A. Briefly describe what happened: ____________________________________________________________ Date of Incident: ______________

B. Complete the following section:
   1. Wounds
      a. Did the incident involve a wound? __yes ___no
      b. Did the wound result in visible bleeding? __yes ___no
      c. Was the wound caused by: ___ needle ___ human bite ___ other sharp instrument (specify) ______
      d. Was the object causing the wound covered with blood/body fluids? __yes ___no

   2. Blood/Body fluid exposure to mucous membranes
      a. Did the individual’s blood/body fluids come in contact with your body? ______
      b. What was the substance to which you were exposed? ___ N/A ___ I was not exposed ___ blood
         ___ feces ___ Urine ___ emesis (vomit) ___ Spuran ___ other fluids
      c. If the substance was anything other than blood, was there any blood visible in the fluid?
         ___ N/A ___ Yes ___ No ___ Unknown
      d. What part of your body was exposed to the substance? (check all that apply) ___ mouth ___ eyes
         ___ Nose ___ ears ___ skin (specify location) ___ none ___ other (specify) ______

C. How long was your body part in contact with the substance? _________________________________

   1. If the exposure was to your skin, was your skin bruised in any way? ___yes ___no
   2. What was the nature of your skin abrasion? ___ acne ___ dermatitis ___ cracks due to dry skin
      ___ unhealed cuts or scratches ___ no skin abrasion ___ other (specify) ______

D. Which of the following procedures were being used at the time of the incident? (check all that apply)
   ___ cuts/open wounds covered with bandages ___ mask (vinyl/latex) ___ gloves ___ pocket ventilator/
   ___ ambu bag ___ goggles/glasses ___ other (specify) __________________

E. First line intervention - after exposure, what did you do? ___ washed hands/exposed area ___ changed
   clothes ___ flushed eyes/misted mouth ___ showered ___ other (specify) __________________

F. The supervisor/school nurse was notified as follows: Date: ______________ Time: ______________

G. Medical Intervention - in the event of contact with blood and/or body fluid it is suggested that you discuss
   with school nurse:
   1. HBV antibody or previous vaccination status for HBV.
   2. the need for HBV/HIV antibody testing.
   3. notifying your physician or health care provider of the exposure to blood or body fluids immediately - need
      for post-exposure vaccination (HBV).

H. Return this completed form to supervisor/school nurse.

I. In case of incident or injury to the school nurse/health professional:
   1. Report incident to supervisor.
   2. Complete form.

_________________________________________ Date ___________________________
Signature of Employee ___________________________

_________________________________________ Date ___________________________
Signature of Supervisor/School Nurse ___________________________
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

Bloodborne pathogens include the following:

   HBV - Hepatitis B Virus
   HIV - Human Immunodeficiency Virus

The following are objectives of the Marion C. Early R-V School District Exposure Control Plan:

I. Identify personnel covered by the policy - Exposure Control Plan
II. Analyze the potential hazards to personnel.
III. Determine what measures will be taken to reduce the risk of exposure to bloodborne pathogens in the school district.
IV. To comply with Bloodborne Pathogens standards established by OSHA in 29 CFR 1910.1030.

I. Personnel Covered by Standards

All personnel associated with the Marion C. Early R-V School District will be covered by the standards specified in the Exposure Control Plan. These individuals will include, but will not be limited to:
   Superintendent/Principals
   Teachers/Teacher Aides
   School Nurses
   Dietary
   Janitors
   Bus Drivers
   Students

II. Potential Site Hazards

All personnel with the Marion C. Early R-V School District identified above has a potential, on-the-job hazard if they have contact with body fluids or blood.

CONDUCT - All human blood and other potentially infectious materials will be treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens, regardless of origin.

III. Measures to Reduce Risks

The following measures will be taken to reduce risks to individuals associated with the Marion C. Early R-V School District as identified in the Exposure Control Plan.
Title of Program: ___________________________ Date: __________
District: ___________________________ Length: __________
Presenter: ___________________________
Qualifications: ___________________________
Content Outline: ___________________________

Please Print

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<th>Employee’s Name</th>
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<th>Building</th>
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NOTE: This record is to be kept for three (3) years from the attendance date.

Engineering Controls
A clean-up kit will be easily accessible in every classroom, office, janitor's closet, dietary kitchen, and bus. It will be the responsibility of the individual associated with the duty area to physically replace kits, floor sweep, etc. as necessary. Items will be stored in a central location.

Absorbent floor sweep will be easily accessible in every classroom, office, janitor's closet, dietary kitchen, and bus.

A container for disposing of contaminated waste or towels will be available in every custodial closet and bus.

A disinfectant of 1:10 bleach to water solution will be used as a clean-up solution for body fluids and blood contamination.

Universal precautions for cleaning up blood and/or body fluids will be available in the school health plan, and easily accessible to all employees.

All personnel will receive regular orientation as to the safety measures and controls established by the district. New personnel will receive orientation prior to completing their first ten (10) days on the job.

**Work Place Controls**

Any body fluids or blood should be cleaned by janitors, but in their absence may be done by any said personnel of the school system.

Contaminated needles and other sharps will not be bent, recapped, removed, sheared, or purposely broken. Employees will immediately dispose of used needles and other exposed objects into a sharps container.

**Handwashing**

Handwashing will be done after every glove change with soap and water for a minimum of thirty (30) seconds.

If skin or mucous membranes are exposed, areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Hand washing will be done before meals and after restroom break.

If on bus, skin should be cleansed by using antiseptic hand cleanser, then with soap and water upon first chance to do so.

**Personal Hygiene**
Personnel should keep splashing, spraying, spattering to a minimum when attending to injured student or co-worker.

Personnel should not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses where there could be exposure to blood or body fluids.

**Personal Protective Equipment**

Mini clean-up kit:

1. Gloves must fit.
2. Gloves must be vinyl or latex.
3. Approved gloves can be reused if cleaned with disinfectant, and if not torn or cracked. (Disposable gloves may not be reused).
4. Available masks will be used if splashes, spray or droplets of blood or OPIM are generated, and eye, nose, or mouth contamination is anticipated.
5. The clean-up kit will be provided at no cost to the employee.

10% bleach solution mixed appropriately and kept in a central location in each building (i.e. janitor's closet, nurse's station).

Mops disinfected immediately after use.

Container with double liners labeled for contaminated waste only. Double bagging will be required in such circumstances as a waste container being splashed with blood.

**Housekeeping**

1. Scheduled cleaning daily with bleach solution:
   a. Bathrooms
   b. Water fountains
   c. Lavatories
2. Ample supply of soap and towels at all times.
3. Dispose of broken glass, needles, or other sharp objects in labeled container. Contaminated broken glass, etc. will not be picked up directly by the hands. Vacuum cleaners are not appropriate for picking up broken glass.
4. All contaminated surfaces will be decontaminated immediately following contamination or as soon as feasible.

**Vaccination**
All employees identified as having exposure will have the availability of HBV vaccination at no cost. Availability for vaccination of high-risk persons will be accomplished through notification and orientation.

**Recording Incidents**

All exposure incidents shall be recorded with date and injury description if it meets one of the following:

The incident is a work related injury that involves loss of consciousness, transfer to another job, or restriction of work or motion.

- The incident results in medical treatment beyond first aid (i.e. vaccination regardless of dosage).
- The incident results in a diagnosis of seroconversion with the serological status of the employee not recorded.

Training records shall be maintained and kept for a minimum of three (3) years from the training date.
REPORTING CHILD ABUSE

The 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, or his or her designee, 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 has been made, and will keep him or her aware of the status of the case. If the principal or his/her designee has reason to believe that a victim of such abuse or neglect is a resident of another state or was injured as a result of an act which occurred in another state, then in addition to notifying the Missouri Department of Family Services pursuant to this policy, he or she may also make a report to the child protection agency of the other state with the authority to receive such reports pursuant to the laws of the other state.

The school, as a mandated reporter, will be entitled upon request to the local DFS office or to the social worker completing the investigation to information 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 anyone 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 completed, except that the identity of the reporter is not released.

When DFS receives a child abuse report which alleges that an employee of a school district has abused a student, the report is immediately referred to the school 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 certificated 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 juvenile officer or a law enforcement officer designated by the juvenile officer. 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.
FILE: JHG
Critical

Any person who in good faith participates in the making of such reports, or in any judicial proceeding 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 of the law.

* * * * * *

Adopted: APR 99


School District of Marion C. Early R-V, Morrisville, Missouri
SCHOOL NURSE CLASSROOM ACTIVITIES

KINDERGARTEN
Dental health program (video)
Wash Those Hands (video)
Sun Sense (video)

FIRST GRADE
Dental health program (video)
Germs and hand washing program
Sun Sense (video)

SECOND GRADE
Germs and handwashing program
Dental health program (video)
Sun Sense (video)

THIRD GRADE
Dental health program/film/resource materials
Blood borne Pathogens and Other Traveling Germs (video)
Sun Sense (video)

FOURTH GRADE
Serve as a resource person for nutrition unit
Blood borne Pathogens and Other Traveling Germs (video)
Sun Sense (video)

FIFTH GRADE
Menstruation program/film/resources with the girls.
Puberty video/ resources with the boys.
Blood borne Pathogens and Other Traveling Germs (video)
Sun Sense (video)

POSITIVE ACTION
Staff Wellness Program Coordinator
Student Wellness Policy Organizer
AED/CPR Coordinator
SAMPLE LETTERS
Date: ________________________________

Dear Parent/Guardian:

Our records indicate that your child, ____________________________________________, needs the following immunizations to meet the requirements for school attendance. State health regulations require this.

_____ Immunization Record
_____ Tdap
_____ DTaP/DTP/DT to complete series
_____ Tdap or Td 10-year booster. Last dose was _______________
_____ Oral/IPV Polio to complete series
_____ MMR     #1_____    #2_____
_____ Hepatitis B     #1_____   #2_____   #3_____  #4_____
_____ Pneumococcal     #1_____   #2_____   #3_____   #4_____  #5_____
_____ Varicella      #1_____     #2_____  #3_____
_____ HIB       #1_____   #2_____   #3_____  #4_____

These deficiencies must be corrected by ______________________. We are required by the state to expel any pupil not in compliance.

When your child receives this/these immunization(s), please bring or send proof of the immunization(s) to my office. If your child has already had the immunization(s) checked above, please send or bring a copy of the official record to my office as soon as possible.

Sincerely,

Stephanie McMillen, RN
Marion C. Early School Nurse
Date ________________________________

Dear Marion C. Early School Nurse:

I am writing regarding my patient, _____________________________________________. I am requesting that he/she receive the following prescription medication while at school.

Name of drug: _____________________________________________________________

Dose: ___________________________________________________________________

Time of Dosage: ____________________________________________________________

Date to Begin: ___________________      Date to End:_________________________

Reason for Medication: _______________________________________________________

Route of Administration: ______________________________________________________

Adverse effects: _____________________________________________________________

Applicable emergency instructions: _____________________________________________

___________________________________________________________________________

If you have further questions, you may contact me at the following phone number(s):

____________________________________________________________________________

During the following times: _____________________________________________________

I understand that the above medication will be administered by the school nurse, or in her absence, the office personnel.

Sincerely,

__________________________________________
Signature of Physician

__________________________________________
Name & Location of Clinic
MARION C. EARLY SCHOOLS R-V
SCHOOL VISION REFERRAL

CHILD’S NAME_____________________________________GRADE________

SCHOOL__________________________________TEACHER_______________

Dear Parent/Guardian,

Your child’s eyes were screened by the school nurse as one of the health services provided by this school. The results of the screening test indicate the need for a more complete eye examination. The nurse’s findings are on the back of this letter.

Since poor vision can affect learning, it is important to complete this referral. Please complete one of the options below:

Option A: I will take my child for an exam. Take this letter, with the vision screening results on the back with you when you take your child for the examination. Return this letter and the eye exam results to me at the school.

Option B: My child is already receiving eye care. If you child is already receiving eye care from a physician, please let me know the date your child was last seen.

Option C: I/We disagree with the need and do not wish my/our child to have an exam. If you wish to not have your child examined by an eye doctor, please make a note of that on this form and return the form to me at the school.

If finances are a concern and you DO NOT have insurance or need help in getting the eye exam, please call me at 417-376-2215. Financial assistance may be available through various agencies.

THANKS FOR KEEPING YOUR CHILD HEALTHY

Parent/Guardian’s Signature__________________________________ Date______________
Dear Parent,

I am writing to inform you of your child’s vision screening results.

Your child, ________________________________________, was screened on _____________.

He/She experienced difficulty with vision in the right/left/both eye(s).

This difficulty was observed with far/near acuity.

Your child’s vision was as follows:

- Far Right _______________  Far Left _______________
- Near Right _______________ Near Left _______________

It is recommended that your child receive an eye examination. Once your child has the examination, please contact me to inform me of the results. This helps us to better plan for your child’s educational success.

Please call me if you have any questions concerning this matter at 417-376-2215.

Sincerely,

Marion C. Early School Nurse
To the Parents of _______________________________________________

Your child's hair was checked in my office on ____________________________ for head lice, and nits (or eggs) were found. It is necessary to wash the hair with a shampoo for the treatment of head lice, as well as combing with a fine toothed comb to remove nits. It may also be necessary to inspect hair strand by strand and remove with your fingers, nits which are too small to be removed with a comb. The school has a "no-nit" policy, and students who come to school with nits in their hair will not be allowed to attend classes. You will be expected to treat your child, remove ALL nits, and upon completion bring them in to the nurse's office to be rechecked. (Students will NOT be allowed to ride the bus until being "cleared" by the nurse). Attached you will find instructions to help you with this process. Children will be readmitted to class ONLY when they are nit-free.

Your cooperation in this matter will benefit not only your own children, but the entire student body. If you have any questions, please feel free to call me at 376-2215 during school hours.

Sincerely,

Marion C. Early School Nurse

Dear Parents,

A case of Pediculosis (head lice) has been reported/found in your child's classroom. We are informing all parents so that they may take particular care to check their children before they leave for school. The following information regarding this infestation is listed below to aid in this daily
Incidence: Lice have become rather common in all areas in the past few years. When a child gets lice it does not indicate neglect on the part of the parent nor does it indicate that the child has not been kept as clean as possible. It simply indicates that the child has been near someone with lice.

Symptoms: Lice are sometimes difficult to detect. A close examination should be made if you observe your child scratching his/her head. Look for tiny pearl eggs attached to the hair near the scalp (unlike dandruff, these can not be easily "flicked" off but must be pulled from the hair shaft). Usually the eggs first appear above the ears and near the neckline.

Treatment: You may wish to contact your doctor, health clinic or a nurse if you suspect your child has Pediculosis. One treatment is a prescription shampoo. There are several nonprescription shampoos on the market. Your druggist can help you with these. Special combs are available for removing all nits after the shampoo treatment. After treatment - bed linens, towels and clothing must be washed (if not washable, the items need to be left in a sealed plastic bag for 14 days and then cleaned and sprayed with a pediculocide spray). All mattresses, pillows, carpets, draperies, overstuffed furniture and stuffed toys must be thoroughly vacuumed and sprayed with a pediculocide spray.

School attendance: Children will be excluded from school until they have been treated with an appropriate pediculosis shampoo and ALL nits have been removed. Parents must bring their child in to be rechecked by the school nurse, and students MUST be nit-free before being readmitted to class.

NOTE: Children should be monitored carefully for several weeks to be sure they are not reinfected.

At ANY time during the year, if you should find nits/lice on your child, please notify the school immediately so that we may check the other children in the class and thus keep cases to a minimum. If you should have further questions, contact your doctor, or you may reach the school nurse at 376-2215 during school hours.

Sincerely,

Dr. Tammy D. Condren
Elementary Principal

Dear Parents,

A case of scabies has been reported in your child's class. We are informing all parents so that they
may take particular care to check their children before they leave for school each morning.

The following information regarding this skin infestation is listed below to aid you in this daily check.

**Description:** Scabies is a contagious skin infestation caused by an itch mite.

**Symptoms:** Intense itching. The openings of the mite burrows can be seen on the skin as tiny, gray, scaly swellings. These may appear in lines. This usually appears between the fingers, elbows and armpits - usually where the skin is thin and moist. Later reddish lumps may appear on the limbs and trunk. (Usually not above the neck). Secondary infections may result from the scratching.

**Incubation Period:** 2 to 6 weeks; usually 30 days.

**School attendance:** Exclude until the day after adequate treatment is completed.

**Contacts:** Infestation is usually through physical contact, although hatched mites can pass from an infested individual to a person standing close to him/her, or by making contact with an object with which an infested person has touched.

**Special Features:** Infested persons should not use common recreational or bathing facilities; clothing and bed linens **must** be washed in hot water to prevent reinfestation. All mattresses, pillows, carpets, draperies, overstuffed furniture and stuffed toys should be thoroughly vacuumed and sprayed with a pediculicide spray.

If you have further questions, contact your doctor, or you may reach the school nurse at 376-2215 during school hours.

Sincerely,

Dr. Tammy D. Condren
Elementary Principal

Dear Parents,
A case of Chicken Pox has been reported in your child's class. We are informing all parents so that they may take particular care to check their children before they leave for school. The following information regarding this disease is listed to aid in this daily check.

**Incubation period:** 14 to 21 days; commonly 14 to 16 days

**Symptoms:** Gradual onset, mild fever, rash on second day as small raised pimples which shortly become filled with clear fluid. Later scabs form. There may be successive crops of the rash, more on the trunk, up to the tenth day of disease.

**School attendance:** Exclusion until seven days after the appearance of the last of the rash or until all scabs are firmly adhered with no fluid under them.

**Special Features:** Usually a mild disease with few after effects but very easily transmitted.

**Awareness:**

- **Reye's Syndrome** - may follow any viral infection.
  - Symptoms - usually appear in this order and progress very rapidly.
  1. Persistent or continuous vomiting
  2. Listlessness, drowsiness
  3. Personality change (irritability, slurred speech)
  4. Disorientation (unable to identify whereabouts or family members)
  5. Delirium, convulsions

**NOTE:** Anti-nausea medication may mask symptoms also because of possible association of Aspirin with Reye's Syndrome, consult your physician before using these drugs.

If you have further questions, contact your doctor, or you may reach the school nurse by calling 376-2215 during school hours.

Sincerely,

Dr. Tammy D. Condren
Elementary Principal

Dear Parents,
A case of **Conjunctivitis (pinkeye)** has been reported in your child's class. We are informing parents so that they may take particular care to check children carefully **before** they leave for school each morning.

The following information regarding the disease is given here to aid in the daily check.

**Symptoms:** The most obvious symptom is reddening of the white of the eye and inner eyelids. There is frequently a mucopurulent (pus) drainage from the eye and the child may wake up with his/her eyes matted shut in the mornings.

**Incubation period:** Usually 24 to 72 hours.

**School attendance:** Children may not attend during the acute stage and until 24 hours after treatment has been instituted.

**Special features:** Usually a mild disease with few after effects, but readily transmitted. More prevalent in younger children (5 and under) but may affect any age.

If you have further questions, contact your doctor, or you may reach the school nurse by calling 376-2215 during school hours.

Sincerely,

Dr. Tammy D. Condren  
Elementary Principal

---

Dear Parents,

A case of **Impetigo** has been reported in your child's class. We are informing all parents so that they
Dear Parents,

A case of **Fifth Disease** has been reported in your child's class. We are informing all parents so they may take particular care to check their children **before** they leave for school. The following information regarding this disease is listed below to aid in this daily check.

**Incubation period:** Normally 2 to 5 days.

**Symptoms:** Sores, especially around the mouth but can be anywhere on the body, which appear as small water filled blisters and form loose scales and crusts.

**School attendance:** Exclude infected child until sores are healed or until child is under adequate and continuous medical treatment and has received at least one treatment 24 hours previous to commencing reattendance.

If you have further questions, contact your doctor, or you may reach the school nurse by calling 376-2215 during school hours.

Sincerely,

Dr. Tammy D. Condren
Elementary Principal
Incubation period: 4 to 14 days; most commonly 12 to 14 days.

Symptoms: Fever in 15% to 30% of cases. Distinctive rash appears in three stages. Rash begins on face; producing an intense red "slapped" cheek appearance, then lace-like rash appears on upper arms and trunk, moving to buttocks and thighs. In the third stage, the rash may reoccur and fluctuate in intensity with environmental changes such as: temperature and especially exposure to sunlight. These are classic symptoms and may not all be present. In some cases joint pain and arthritic symptoms may occur.

May cause complications in pregnancy. Contact your physician if you have questions.

School attendance: No exclusion necessary except for fever.

If you have further questions, contact your doctor, or you may reach the school nurse at 376-2215 during school hours.

Sincerely,

Dr. Tammy D. Condren
Elementary Principal

Dear Parents,

A case of Pinworms has been reported in your child's class. We are informing all parents so that they may take particular care to check their children carefully. The following information regarding this disease is listed below to aid in this check.
Symptoms: Severe anal itching especially at night. Irritability from lack of sleep. Presence of the organism on anal folds.

Mode of Transmission: Orally from hands or objects placed in mouth after contact with ova (eggs) frequently found on tables, chairs, window sills and other objects plus the personal clothing and bedding of infected persons.

School attendance: Excluded until 24 hours after treatment.

Contacts: No restrictions.

Diagnosis: Your doctor can instruct you in diagnosing suspected case.

Special consideration: Usually a mild disease with few aftereffects but readily transmitted. Scrupulous cleanliness should be exercised in connection with toilet seats. Children should be instructed to scrub their hands often, especially before eating and after defecation. Fingernail beds are frequent sites of infection as the ova lodge under them.

If you have further questions, contact your doctor, or you may reach the school nurse at 376-2215 during school hours.

Sincerely,

Dr. Tammy D. Condren
Elementary Principal
SAMPLE FORMS

STUDENT ACCIDENT REPORT

Upon completion, forward to the nurse to file in student's cumulative health record.

Date of this report ________________ School Name __________________ Student grade __________

Name of Student __________________________ Age _______ Birthdate ______________
Name of Parent_______________________________________________________Phone____________________

Address of Parent____________________________________________________________________________

Date of Accident_______________________________________________________Time___________________
Day (M,T,W,TH,F) Date (Mon/Day/Yr) a.m./p.m.

Place of Occurrence____________________________________________________________________________

Describe Accident____________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Was the injured party disobeying any rule/regulation in force at the time of the accident?_____________________

Persons present at the time of the accident_________________________________________________________
Names & Titles
____________________________________________________________________________________________

Describe injury (identify specific part of body injured)_______________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
This observation made by________________________________________________________________________
Names & Titles
Describe first aid administered & by whom________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Was student returned to classroom?__________________ Dismissed with parent?_________________________

Other_____________________________________________________________________________________

Report submitted by______________________________

---

**Marion C. Early Schools R-V**

**Student Health Inventory**

Your child’s learning depends upon good health. To provide health services at school, complete for the nurse’s office.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Boy</th>
<th>Girl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>MI</td>
<td>Phone</td>
<td>Work</td>
</tr>
<tr>
<td>Mother/Guardian</td>
<td>Phone</td>
<td>Work</td>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Father/Guardian</td>
<td>Phone</td>
<td>Work</td>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact 1.</td>
<td>Phone</td>
<td>Work</td>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact 2.</td>
<td>Phone</td>
<td>Work</td>
<td>Cell</td>
<td></td>
</tr>
</tbody>
</table>

**DOES YOUR CHILD HAVE:**

**Allergies:**  No___ Yes___ To drugs, food, insects, pollen? Please list: ________________________________

Has the allergy required emergency action in the past?  No ___  Yes ___  Comments __________________________

**Bee Sting Allergy:**  No ___  Yes ___  Describe reaction:

Any difficulty breathing? No ___ Yes___ Need emergency medication? No ___ Yes ___

**Asthma:**  No ___ Yes ___ Triggered by: ____________________________ Treatments: ____________________________
Diagnosed by Doctor: ___________________________ Date diagnosed: ___________________________

If carries inhaler to school, ask nurse for separate form for Doctor’s order.

Diabetes: No ___ Yes ___ Takes insulin? No ___ Yes ___ Date diagnosed __________________________

Epilepsy/Seizures: No ___ Yes ___ Describe seizure ________________________________

Date of last seizure ___________________________ Medication __________________________

Is student currently under a doctor’s care for seizures? No ___ Yes ___

Heart Condition: No ___ Yes ___ Describe ________________________________

Any physical restriction? No ___ Yes ___ Medication __________________________

Bone or joint problem: No ___ Yes ___ Describe ________________________________

Any physical restrictions ___________________________ Any PE restrictions __________________________

Eyes: Glasses: No ___ Yes ___ Reading ___ Distance ___ Contacts: No ___ Yes ___

Crossed eyes ___ Lazy eye ___ Difficulty seeing? No ___ Yes ___ Date of last eye exam __________________________

Ears: Frequent infections? No ___ Yes ___ Tubes? No ___ Yes ___ Difficulty hearing? No ___ Yes ___

Hearing aid? No ___ Yes ___ Right ___ Left ___ Wear at school? No ___ Yes ___

Other Concerns: ADD/ADHD ______  Nosebleeds ___ Eating ___ Sleeping ___ Bowel ___ Skin _____

Requires diapering? No ___ Yes ___ Bladder _____ Requires catheterization? No ___ Yes ___

Bedwetting? No ___ Yes ___ Dental _____ Headaches _____ Blood disorder _____ Blood pressure _____

Neurological _____ Lungs _____ Menstruation _____ Phobias (fears) _____ Other  _________________

Serious illness, injuries, surgeries:

___________________________________________________________________

I give my permission for the school, when deemed necessary by the school nurse or the office personnel in her absence, to administer the following medications:

Antibiotic Ointment  Caladryl  Carmex (for cold sores)  Cough Drops  Sting Kill

Hydrocortisone Cream  Peroxide  Isopropyl Alcohol  First Aid Cream  Vaseline

Sterile Eye Wash  7-Up/Sprite  Tums/Antacids  Oral Gel (Anbesol)  Allergy eye drops

All of the above

If a student MUST take medication at school for health reasons, he/she will need a written order from his/her physician. Ask the school nurse for a form to take to your physician. The medication must be brought to school by a parent or guardian. Under no circumstances may a student carry any medication to school or home from school.

IF EMERGENCY TREATMENT IS REQUIRED AND PARENT/GUARDIAN CANNOT BE REACHED IMMEDIATELY, MAY THE SCHOOL AUTHORITIES USE JUDGMENT IN CONTACTING THE DOCTOR LISTED BELOW OR HOSPITAL EMERGENCY ROOM? No ___ Yes ___

Doctor ___________________________ Phone ___________________________ Hospital ___________________________

Signature of legal parent/guardian: ___________________________ Date ________________

Illness and Medication at School

2012-2013

Students who become ill at school will be directed to the school nurse to determine if the student needs to go home. The student must be dismissed through the principal’s office. Students will not be sent home unless they are running a temperature of at least 100 degrees, vomiting, diarrhea, any unusual or unexplained rash, and any communicable disease or have sustained an injury needing medical attention.

If a student MUST take medication, herbal supplements or “performance enhancement supplements” at school for health reasons, the student will need to obtain a medication form from the school nurse to be filled out by the student’s physician or a written doctor’s order sent by your physician. The following information must be included:

1. Student’s name
2. Date
3. Name of the medication, herbal supplements or “performance enhancement supplements”
4. Dosage and time to be given
5. Signature of the physician prescribing the medication, herbal supplements or “performance enhancement supplements”

Prescription medication, herbal supplements or “performance enhancement supplements” should be in the original container to ensure cleanliness and accuracy in the administration of the medication, herbal supplements or “performance enhancement supplements.” MEDICATION, HERBAL SUPPLEMENTS OR “PERFORMANCE ENHANCEMENT SUPPLEMENTS” WILL NOT BE GIVEN UNLESS THE PHYSICIAN ESPECIALLY PRESCRIBES IT FOR THAT PERSON. ONLY prescription medication, herbal supplements or “performance enhancement supplements” will be administered or stored in the school health office. NO over-the-counter medication, herbal supplements or “performance enhancement supplements” (including cough medicine or any non-prescription medication) will be given unless it is prescribed by a physician. ALL medication, herbal supplements or “performance enhancement supplements” MUST be delivered to school by the parent/guardian and any “extra” MUST be picked up by the parent/guardian.

UNDER NO CIRCUMSTANCE WILL STUDENTS BE ALLOWED TO TRANSPORT MEDICATION, HERBAL SUPPLEMENTS OR “PERFORMANCE ENHANCEMENT SUPPLEMENTS” TO AND FROM SCHOOL. The Administration of Medication, Herbal Supplements or “Performance Enhancement Supplements” to Students permission form must be completed and signed by the parent/guardian.

Students who are unable to participate in P.E. or go outside during recess due to health reasons, must bring a note from home or the physician before they will be excused from participating in P.E. or following routine daily procedure which includes outside play. STAYING IN FROM RECESS WILL ONLY BE ALLOWED IF A NOTE IS BROUGHT, AND THEN ONLY FOR HEALTH REASONS. We will go outdoors for recess if the temperature is 32 degrees or above. Please dress your child accordingly (coats, hats, gloves, etc.).

For your student to have an excused absence, you must provide the school with a written physician’s excuse for the days they were absent.

Periodic head checks will be done for lice and nits. Any student found with nits or lice will be sent home until they are treated and ALL nits are removed. Students must be rechecked by the school nurse before being allowed to return to class.

Any student, which has been diagnosed with a contagious disease, will need to stay home until the student is fever free for twenty-four hours and have a written consent from the physician allowing them to return to school.
All students who have a temperature elevation of 100 degrees or greater and show symptoms of impending illness will be sent home from school. Students should NOT come to school if during the previous 24 hours they exhibit any of the following symptoms:

- A temperature of 100 degrees or greater
- Vomiting or diarrhea
- An unusual or unexplained rash, unrelenting and itchy
- Persistent cough

**Polk County Health Department has recommended** that all students sent home from school with a temperature of 100 degrees or more remain out of school until they are free of fever for 24 hours without the use of fever reducing medication.

Please sign below stating my child has been fever free for 24 hours and return this signed form with the Student’s Name:  ______________________________________________________________________________

To Be Completed by Parent/Guardian

**ADMINISTRATION OF MEDICATION, HERBAL SUPPLEMENTS OR “PERFORMANCE ENHANCEMENT SUPPLEMENTS” TO STUDENTS**

(Permission Form for Prescription and/or Over-the-Counter Medications, Herbal Supplements and “Performance Enhancement Supplements”)

If you would like your child to be included by the blanket order from a physician to Tylenol to be administered by the school nurse, please fill out both sides of this form and return it to the nurse. A new order and signed parent consent must be completed for each school year. This will be for the school year 2012-2013.

Marion C. Early Schools R-V  Date Form Received by the School: _______________________________

Name: ______________________________________  Age:_____  Date of Birth:____________________
Please list any medical information you would like the district to be aware of in order to adequately assist your student in an emergency (for example, medications, herbal supplements or “performance enhancement supplements,” allergies, etc.)

<table>
<thead>
<tr>
<th>Prescription Medication</th>
<th>Over-the Counter Medication Provided by Parent/Guardian</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Herbal Supplements or “Performance Enhancement Supplements” Provided by Parent/Guardian</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Medication, Herbal Supplements or “Performance Enhancement Supplements”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason for Medication, Herbal Supplements or “Performance Enhancement Supplements”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Form of Medication, Herbal Supplements or “Performance Enhancement Supplements”/Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tablet/Capsule</td>
</tr>
</tbody>
</table>

Describe Schedule and Dose to be Given at School: _______________________________________

If “As Needed,” Indicate Maximum Dosage per Day: _______________________________________

Restrictions and/or Important Side Effects:  Yes  No  If yes, please describe: ______________

Special Storage Requirements:  None  Refrigerate  Other: ___________________________________

Please complete the reverse side and sign.

To Be Completed by Parent/Guardian

<table>
<thead>
<tr>
<th>Physician’s Name: __________________________________________________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician’s Address: __________________________________________________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician’s Phone Number: ___________________________  Fax: _________________________</th>
</tr>
</thead>
</table>
I give permission for ____________________________ (student’s name) to receive the medication, Tylenol, herbal supplements or “performance enhancement supplements” listed on the reverse side of this form.

Additional information: ______________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I also give district employees permission to contact the student’s physician directly to provide information on the student’s condition. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication, herbal supplements or “performance enhancement supplements” and for informing the school district immediately if any information changes or if administration of medication, herbal supplements or “performance enhancement supplements” should cease.

Signature: _________________________________________________ Date: ________________________

Relationship: _____________________________________________________________________________

Home Phone: _______________ Work Phone: _______________ Emergency Phone: _________________

*** *** ***

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: November 20, 2003
School District of Marion C. Early R-V, Morrisville, Missouri

Marion C. Early Schools R-V
Occurrence Treatment Form

Date: ___________________ Teacher: ______________________________ Time: ______________

_____________________________ was seen by the school nurse today for the following:

_____ Head Injury      _____ Scrape/Cut       _____ Rash       _____ Swelling       _____ Fall injury

_____ Splinter        _____ Burn            _____ Fever       _____ Eye Injury       _____ Stomachache/Vomiting

_____ Other __________________________________________________________________________

Location:

R Knee L       R Ankle L       R Foot L       R Arm L       R Elbow L       Toe       Finger
Additional Assessment Findings: ___________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Treatment:

_____Washed wound   _____Antibiotic Ointment      _____Bandaid  _____Ice Pack

_____Caladryl        _____Ace Wrap                   _____Other

_____Back to Class    _____Sent Home

RECOMMENDATION:

_____Further medical evaluation at parent’s discretion.

_____Possible contagious communicable disease.

_____Please call the school nurse before sending your child back to school. 376-2215

_____Needs evidence of medical treatment before returning to school.

_____Notify doctor if any of the following occurs: Nausea, vomiting, blurred vision, confusion, dizziness,

     disorientation, staggering, fainting, loss of consciousness, severe headache not relieved with medications or

     eye pulling to one side.

Sincerely,

Marion C. Early School Nurse

MARION C. EARLY SCHOOLS R-V SCHOOL GUIDELINES
FOR MANAGING STUDENTS WITH FOOD ALLERGIES

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the
school setting if schools work with students, parents, and physicians to minimize risks and provide a safe
educational environment for food-allergic students.

Family’s Responsibility

• Notify the school of the child’s allergies.
• Work with the school team to develop a plan that accommodates the child’s needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
• Provide written medical documentation, instructions, and medications as directed by a physician, using The Food Allergy Action Plan as a guide. Include a photo of the child on written form.
• Provide properly labeled medications and replace medications after use or upon expiration.
• Educate the child in the self-management of their food allergy including:
  q safe and unsafe foods
  q strategies for avoiding exposure to unsafe foods
  q symptoms of allergic reactions
  q how and when to tell an adult they may be having an allergy-related problem
  q how to read food labels (age appropriate)
• Review policies/procedures with the school staff, the child’s physician, and the child (if age appropriate) after a reaction has occurred.
• Provide emergency contact information.

School’s Responsibility
• Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
• Review the health records submitted by parents and physicians.
• Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
• Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
• Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student’s meals, educational tools, arts and crafts projects, or incentives.
• Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
• Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician’s standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the students physician/clinic, parent and school nurse, and allowed by state or local regulations.
• Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
• Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
• Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
• Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
• Recommend that all buses have communication devices in case of an emergency.
• Enforce a “no eating” policy on school buses with exceptions made only to accommodate
special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.

• Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
• Follow federal/state/district laws and regulations regarding sharing medical information about the student.
• Take threats or harassment against an allergic child seriously.

**Student’s Responsibility**

• Should not trade food with others.
• Should not eat anything with unknown ingredients or known to contain any allergen.
• Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
• Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network’s (FAAN) School Food Allergy Program. The School Food Allergy Program has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document:

- American School Food Service Association
- National Association of Elementary School Principals
- National Association of School Nurses
- National School Boards Association
- The Food Allergy & Anaphylaxis Network

**Medical Statement for Student Requiring Special Meals**

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>School District: Marion C. Early R-V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date:</td>
<td>School Attended:</td>
</tr>
<tr>
<td>Parent Name:</td>
<td>School Telephone: 417-376-2215</td>
</tr>
<tr>
<td>Parent’s Telephone:</td>
<td></td>
</tr>
</tbody>
</table>

I hereby give my permission for the school staff to follow the nutrition plan below:

_____________________________________________        ___________________________
Parent/Guardian Signature                                                         Date

---

**Below for Physician’s Use**

Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student’s disability.

_____________________________________________
_____________________________________________
_____________________________________________

Diet Prescription (check all that apply):

___ Diabetic (include calorie level or attach meal plan) ___ Modified Texture and/or Liquids
___ Reduced Calorie ___ Food Allergy (describe): ________________________________

94
Increased Calorie ___ Other (describe): ________________________________

**Food Omitted and Substitutions:**
Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

<table>
<thead>
<tr>
<th>OMITTED FOODS</th>
<th>SUBSTITUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
</tbody>
</table>

**Indicate Texture:**

___ Regular ___ Chopped ___ Ground ___ Pureed

**Indicate thickness of liquids:**

___ Regular ___ Nectar ___ Honey ___ Pudding

___ Special Feeding Equipment ________________________________

Additional comments: ________________________________________

I certify that the above named student needs special school meals as described above, due to the student’s disability or chronic medical condition.

Physician’s Signature ___________________ Telephone number ___________ Date ___________

Signature of Preparer or Other Contact ___________________ Telephone number ___________ Date ___________

Standing Order for the Administration of Acetaminophen
Marion C. Early Schools

1. Dosage per manufacturer’s recommendations specific for age/weight.

2. Assessment to be made (indication for administering acetaminophen).

3. No allergy to acetaminophen documented on the “Student Health Inventory” form completed and signed by the parent/guardian.

Acetaminophen may be administered if after assessment these symptoms are present:

**DON’T ADMINISTER IF:**

head injury, headache has lasted over twelve hours; has a stiff neck; confusion; lethargic; difficulty or slurred speech; visual disturbances; unsteady gait; nausea, vomiting; pupils not equal or reactive to light.

Notify parent/guardian if these symptoms are present.

**ADMINISTER IF:**

95
**Headache**  
(1) Mild achy and pressure or tenderness of frontal or maxillary sinuses.  
(2) If constant dull pain that covers entire forehead and neck muscles, indicating probable tension headache.

**Abdominal pain**—onset of menses (cramps), presence of bowel sounds.  
**Temperature**—less than 100 degrees. If temperature is above 100 degrees, the student is sent home.  
**Musculoskeletal**—local muscular tenderness and/or pain.  
**Ears**—assess ear canal for swelling, tenderness, redness, bulging, perforation, drainage, and/or hearing loss. If these symptoms are present the parent/guardian will be notified.  
**Mouth**—gum redness/swelling, tooth caries. If cracked or broken teeth from an injury are present, the parent/guardian will be notified.

Parent/guardian will be notified in regards to assessment dosage and time given. Acetaminophen will be given only with written permission for the parent/guardian. A blanket permission may be signed for the present school year.

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**Check Symptoms in Appropriate Column**

- **I. COORDINATION**
  - a. Finger to nose (eyes closed)
  - b. Walk a straight line heel-to-toe
  - c. Stand on one foot
  - d. Stand with eyes closed, heels together, head up and back, Hands outstretched sideways with palms upward

- **II. MANNER OF SPEECH:**
  - a. Normal → Slurred

- **III. BEHAVIOR:**
  - a. Alert → Disoriented
  - b. Normal → Drowsy → Lethargic
  - c. Normal → Euphoric
  - d. Normal → Belligerent
  - e. Rational → Hallucinating

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Physician’s signature __________________________ Date __________________________

**BEHAVIORAL OBSERVATION**  
(To be completed by school Nurse)

Student's Name ____________________________ (1) Normal reaction  
(2) Somewhat abnormal  
(3) Extremely abnormal

Student’s DOB ____________________________ Student’s Grade ________
f. Normal → Sensitive to light, sound, color

IV. PUPILLARY REACTION (checked with flashlight in a dark room)
   a. Normal → Pinpoint
   b. Normal → Dilated

V. HANDWRITING:
   a. Usual → Illegible

VI. GENERAL OBSERVATIONS:
   a. Pulse rate ________
   b. Respiration rate ________
   c. Blood pressure ________
   d. Breath odor ____________________
   e. Eye inflammation ____________________
   f. Puncture marks ____________________
   g. Appearance of skin ____________________
   h. Currently on any medication (if yes, list):
   i. Appearance of mucous membranes of:
      Eye ____________________
      Nose ____________________
      Mouth ____________________

VII. OBTAIN SAMPLE OF STUDENT’S HANDWRITING AND ATTACH TO THIS FORM
     (e.g., ask student to write a paragraph on what he did the day before).

COMMENTS: Brought to office by whom? ________________________________
            Who was present during interview? ________________________________

DISPOSITION:

Signature of Nurse: ________________________________ Date: ________ Time: ________

SELECTED CHILDREN’S HEALTH SERVICES IN MISSOURI
(Excerpted from DIRECTORY OF CHILDREN’S SERVICES, prepared by Missouri Department of Social Services, April 1985. A full directory can be reviewed at local health unit.)

The following programs and services are applicable to school-age children in particular.

COMMUNICABLE DISEASE CONTROL
Consultation and investigation.
Contact: Local health unit or Bureau of Communicable Disease Control, DOH.

CRIPPLED CHILDREN’S SERVICES
Diagnosis and treatment to eligible persons for specific diseases or conditions.
Contact: Local health unit or Crippled Children's Service, Bureau of Family Health Care, DOH.

CYSTIC FIBROSIS
Diagnosis and treatment to eligible persons.
Local Health unit has information on eligibility and treatment centers, or contact Bureau of Chronic Diseases, DOH.

DENTAL HEALTH
Preventative care and education, including Mobile Dental Health Unit Services.
Contact: Local health unit or Bureau of Dental Health, DOH.
For mobile dental unit information, contact local Elks Lodge.

EPSDT (Early Periodic Screening, Diagnosis, and Treatment)
Medical and dental examinations and treatment for Medicaid eligible children.
Contact: Local health unit, local DFS office, or state EPSDT Program, DOH.

**EMERGENCY MEDICAL SERVICES**
Safety enforcement and education.
Contact: Local ambulance service or Bureau of Emergency Medical Services, DOH.

**FAMILY PLANNING**
Medical and social services related to pregnancy.
Contact: Local health unit or Section of Maternal Child Health, Bureau of Family Health Care, DOH.

**HEMOPHILIA**
Medical treatment, vocational guidance, education.
Contact: Bureau of Chronic Diseases, DOH, for program application and information regarding local support groups, treatment centers.

**HYPERTENSION CONTROL**
Detection, follow-up monitoring, and education.
Contact: Local Health Unit or Bureau of Chronic Diseases, DOH.

**IMMUNIZABLE DISEASE PROGRAM**
Immunizations (vaccine), consultation, screening, education.
Contact: Local health unit or Bureau of Immunization, DOH.

**LEAD SCREENING**
Detection, education, and source identification.
Contact: Local health unit or Epidemiologist, Bureau of Environmental Health and Epidemiology Services, DOH.

**MATERNAL AND INFANT CARE (St. Louis City and St. Louis County only)**
Identification and treatment related to prenatal care for low-income women.
Contact: St. Louis City Health Department or St. Louis County Health Department.

**CHILD HEALTH SCREENING SERVICES**
Medical screening, follow-up, guidance, counseling, education, for children ages birth to five years.
Contact: Local health unit or Bureau of Family Health Care, DOH.

**NET PROGRAM**
Education and training for schools receiving USDA-subsidized foods (targeting food services personnel, parents, teachers, and school nurses).
Contact: NET Program, Bureau of Family Health Care, DOH.

**PRENATAL CLINIC**
Prenatal care for low-income women.
Contact: Local health unit or Section of Maternal Child Care, Bureau of Family Health Care, DOH.
SANITATION (schools)
School lunchrooms are routinely evaluated to assure adequate sanitation to protect health.
Contact: Local health unit or Bureau of Community Sanitation, DOH.

SEXUALLY TRANSMITTED DISEASES
Detection, medical treatment, education, and prevention.
Contact: Local health unit or Bureau of Sexually Transmitted Diseases, DOH.

WIC (Missouri Women's, Infants', and Children's Nutrition Program)
Provision of supplemental food and nutrition education to eligible persons.
Contact: Local health unit or Missouri WIC Program, Bureau of Family Health Care, DOH.

OTHER SERVICES LISTED IN THIS DIRECTORY INCLUDE:

Cancer Control, Metabolic Screening for Newborns, High-Risk Infant Follow-up, High-Risk Maternity and Child Care, Home Health Agency, Hospital Licensing and Certification, Control of Narcotics and Dangerous Drugs, Prepregnancy Counseling for Diabetic Women, Radiological Health, Sanitation (day care), Sanitation (municipal swimming pools), Sickle Cell Anemia Control, TB Control, Veterinary Public Health.

(For additional information, contact Missouri Department of Health, Post Office Box 570, Jefferson City, Missouri 65102) Or call (314) 751-2335 and ask for program by name.

LOCAL EMERGENCY NUMBERS

911
FIRE 326-2345
SHERIFF 326-7684
AMBULANCE 326-7000
CMH 326-6000
HWY PATROL 895-6868
HEALTH DEPT. 326-7250
DFS 326-6241

POISON CONTROL 1-800-392-9111
POISON CONTROL HOTLINE 1-800-222-1222
BURRELL CRISIS LINE 1-800-494-7355
CHILD ABUSE HOTLINE 1-800-392-3738
DOMESTIC VIOLENCE 1-800-799-7233
SUICIDE PREVENTION LINE 1-800-273-TALK
POLK COUNTY HOUSE OF HOPE (CRISIS LINE) 1-417-399-6744