



ESTABLISHED
1953

Health and Nursing Policy & Procedures

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Prepared by	Checked by	Approved by
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A. Guiding Statements

1. Policy

5.01 General Safety

The Director is responsible for the development of the detailed safety, security, and emergency procedures of the School.

The final responsibility for determining when the School shall take emergency action and what the action shall be rests with the Director.

The Director shall designate and make known to each school office an acting Chief Administrator to act in his/her absence.

5.02 Serious Incident Management

The Administration shall prepare and submit to the Board of Trustees for approval, a set of procedures that defines serious incidents and specifies how they shall be addressed. Thereafter, such Board-approved procedures shall be implemented during any response to circumstances that qualify as a serious incident.

The School shall comply with the applicable laws of Poland when reporting and managing serious incidents.

5.04 Health Policy

It is the responsibility of the Director or his/her designee to ensure accepted health procedures, practices, and systems are in place and implemented to support, maintain, and promote the health and wellbeing of students and staff when at school or involved in school-sponsored activities.

8.09 Child Protection

The Board of Trustees considers child safeguarding to be of serious importance and is committed to the protection of all students in school.

The Director will ensure:

- every member of staff at the school understands their responsibility for contributing to the safety and well-being of students at school and in all school related buildings.
- the Child Protection Policy and Procedures are fully implemented consistently throughout the school, including prevention and intervention strategies.
- the Child Protection Policy and Procedures are carried out appropriately for all reports and/or suspicions of child protection violations.
- the Child Protection Policy and Procedures will be presented to the Board and reviewed on an annual basis.

The Child Protection Policy and Procedures shall be regularly communicated to all community stakeholders as well as made available on the school's website.

2. Core Values



Put the same into life
as you put into school.



Work together. Because
Without us all, we're nothing.



Make the whole world
your classroom.



Bounce back when things
don't go your way.



Step forward and make
things happen. Don't wait.

3. Mission

We're determined to be a community that changes the world for the better.

Here, it's all about what you can do rather than what you can't; where every student, at any level of ability, from any culture, is happy and excited because they can choose how they want to learn, not just what they want to learn.

It's a school where asking the right questions is more important than memorizing the right answers; where you make friendships that last a lifetime; and develop life skills that send you out into the world with enough self-belief to change it for the better.

4. Health Principles

The School Nurse at the American School of Warsaw ensures accepted health procedures, practices and systems are in place and implemented to support, maintain and promote the health and wellbeing of students when at school or involved in school sponsored activities, by providing care and professional knowledge, communication, support and school nursing services.

To achieve this the School Nurse will:

1. Offer assistance in the case of illness, accident or sudden illness
2. Dispense medications when needed
3. Monitor and communicate the spread of communicable diseases
4. Create and implement Emergency Care Plans
5. Collect and maintain up-to-date health records for each student
6. Act as health resource
7. Monitor and communicate air quality levels
8. Observe confidentiality as per Nurses Code of Ethics, except in the case of abuse or maltreatment of a child, as per ASW Child Protection Operational Policy.

5. Data Protection

Provision of medical care and counselling requires collecting and processing of student data. As indicated in Board Policy 5.03, the American School of Warsaw (ASW) is committed to the protection of all personal and sensitive data for which it holds responsibility as the Data Controller.

For more information about how we use and protect data, please see our [Data Protection Policy](#) and [Parents Privacy Notice](#).

6. Child Protection

The School Nurse serves on the Child Protection Committee which develops and reviews ASW's Child Protection Program. In the event of a disclosure the School Nurse may be called upon by the Child Protection Leads to examine and provide information regarding a concern about a student's physical or emotional wellbeing.

7. Crisis Management

The School Nurse serves on the Crisis Management Committee which develops a matrix that assesses the risk level and responses / actions in case of diseases that may potentially reach epidemic and pandemic levels. The School Nurse acts as a liaison between the ASW Director, US Embassy, and local authorities to ensure that the community receives factual and timely information to support decision making.

8. Health and Safety Committee

The School Nurse serves on the Health and Safety Committee which develops policies and procedures that serve to keep the school facilities safe for students, staff and parents.

9. Relationship to other Operational Policies and Procedures

- Child Protection Operation Manual
- Admissions Policy and Procedures
- ASW Student's Handbook, Elementary and Upper School
- Activities and Athletics Policy and Procedures
- Health and Safety Manual
- ASW Data Protection Policy
- Red Emergency Procedures booklet
- Staff Operational Manual
- Learning Support Policy and Procedures

B. Review Process

The Health Policy and Procedures document is intended to be used by staff and administrators to improve practices and comply with the intent of board policy on the matter of students' health. As such, this document will be reviewed regularly to ensure that it remains current and reflects the needs of the community and ASWs guiding statements.

This review will take place biennially. Revisions will be evidence driven and reflect current best practices. To ensure coherence and consistency, other policies that have been impacted by the review will also be aligned. Any changes will be communicated to the school community.

The Director provides oversight for the development and review of the Health Policy and Procedures, and supports the administrative team in implementation.

C. Procedures

1. Introduction

The ASW School Nurse speaks both English and Polish language and is trained in First Aid, CPR and the use of an AED for children and adults. The School Nurse follows the accepted standards of the National Association of School Nurses and their practices are not intended to take the place of a Licensed Medical Doctor.

Location: Room E045 (between the elementary school gym and the swimming pool)

Phone: Direct lines to the nurse’s office: (22) 702 85 37/38 Ext. 9997 / 9998

Email: aswhealth@aswarsaw.org

Office hours: 8:00 to 5:30 pm, and during major sports events, as specified by the Athletics and Activities Office.

Health Provider	Phone number
Ambulance	112 / 999
Medicover Ambulance	500 900 999
Medicover Hospital Al. Rzeczypospolitej 5, Wilanów	(22) 857 20 00
Health Care International Dr. Dorota Ossowska Family Practitioner and Pediatrician Ul. Chorągwi Panczernej 50, Wilanów	(22) 858 01 01 Mobile: 606 336 677
US Embassy Medical Unit: For Embassy Affiliated students:	(22) 504 27 88 RN on Duty: 602 414 831 RMO (Doctor): 602 414 837
Sports injuries and Orthopedics Carolina Medical Center Orthopedic-outpatient and ER ul. Pory St. 78	(22) 355 82 00
Toxicology and poison control center	Tel: (22) 619 08 97

2. Admissions

Application Stage

At the application stage parents/legal guardians are required to provide information about medical insurance, medical conditions, allergies, medications their child is currently taking and authorization for the school to administer over the counter medication at school and on school trips.

As part of the ASW online application for admission, parents/legal guardians must complete the

Health Information section. Upon admission, new students must have a physical examination with a licensed medical doctor. The Physical Examination Form must be completed along with the child's vaccination record and proof of Tuberculosis (TB) clearance.

Parents must sign the following documents (located in OpenApply and PowerSchool):

- Authorization to Treat in Case of Accident or Sudden Illness
- Authorization to Screen by the School Nurse
- Authorization for the child to participate in school activities including physical education and after school sports
- Authorization to administer over the counter medication at school when needed, and during school trips.

Enrolment Stage

Prior to starting school every student must have a physical examination completed by a licensed healthcare provider (doctor, physician's assistant, nurse practitioner). The physical examination form must be signed, stamped or sealed by a licensed health care provider, and must include TB screening results and clearance, and an up-to-date vaccination record. It should be completed no more than 12 months prior to the student's first day of school. A student can not start school unless the completed physical examination form has been submitted to the Admissions Office or the School Nurse's Office.

Tuberculosis Clearance

The parent/legal guardian are advised to make one of the following tests; the test must be done no longer than 12 months prior to the student's first day of school:

1. Skin test PPD or
2. Chest x-ray or Interferon-gamma Release Assays (IGRA) or
3. BCG (vaccination against Tuberculosis) done within the last 7 years.

The admissions office can provide addresses of clinics where the physical examination and TB testing can be done.

Vaccination Record

The vaccination record is part of the physical examination must be filled in by the doctor or licensed medical health care provider.

Vaccinations for DPT (Diphtheria, Pertussis, and Tetanus), Polio (IPV) and MMR (Measles, Mumps and Rubella) must be up to date. Additionally, Hepatitis B vaccination is recommended in Poland.

ASW Required vaccinations include:

1. Diphtheria/Pertussis/Tetanus (DPT or Td) -- 5 shots
2. Tetanus Booster (at 11-12 years of age)
3. Polio vaccine (IPV) -- 4 shots
4. Measles, Mumps & Rubella (MMR) -- 2 shots by age 12
5. Hepatitis B Vaccine -- 3 shots
6. Hepatitis A Vaccine -- 2 shots
7. Tuberculosis BCG vaccine

If parents/legal guardians want their children excused from the required immunizations because of religious reasons they must request such an exemption in writing to the School Director. The request must be signed by the parent/legal guardian.

A child may be exempted or excused from required immunizations for medical reasons if the parent/legal guardian presents a written and stamped certificate from a physician stating that such an immunization is medically contraindicated. This request must also be signed by the parent/legal guardian.

3. Re-enrollment of current students

As part of the re-enrollment contract students returning to the 1st, 3rd, 6th, and 9th grade must provide the nurse with a doctor's physical during the first week of school in order to participate in school trips and the athletics and activities program.

Additionally, students who participate in athletics in Grades 6 to 12 are required to annually provide an updated physical form, signed by a medical doctor. This is consistent with common practice in schools around the world and assures that children are physically fit to participate in vigorous sports activities.

Parents/legal guardians of all returning students are required at the start of each school year to:

- Submit an annual health update available on PowerSchool, including updates to immunization records and confirmation of medical conditions that must be monitored closely. This update includes permission for the school to administer over the counter, and prescription medication, at school and on school trips, and an authorization for the School Nurse to perform an annual health screening for height, weight, vision and hearing for students in the early years and grades 2, 4, 7 and 11. This update must be done through PowerSchool;
- Provide verified evidence to the School Nurse of any new immunizations that have been administered since the last update
- Inform the School Nurse if a child has had an injury or surgery, especially if it will affect participation in physical education and school activities
- Update their Emergency contact number in PowerSchool if there has been a change.

4. Annual Health Screening

Screenings help identify students with vision or hearing problems that may affect school performance and achievement.

The school nurse checks the height, weight, hearing and vision of students every year if they are in grades K, 2, 4, 7, and 11. Students in grades Pre-K, 3, 6 and 9 are checked by a medical professional before they begin the school year. If a potential concern is discovered, the parent and teacher will be informed. Referral to a specialist will be issued.

Screenings can also be done at a parent's request, or at the request of a classroom teacher. School screenings should not take the place of regular health screenings done by a Family Health Care Provider.

5. Emergency, Accidents and Sudden Illness

In case of an accident or any type of emergency, the student's teacher and the school nurse should be notified immediately. All students, staff and visitors will be provided with immediate first aid and ambulance services when an injury, medical crisis or life-threatening episode occurs at school.

In the case of an emergency the Emergency Procedures should be followed. The red Emergency Procedure Booklet is located in every classroom and office. The Head of Security and the Director of Finance and Operations will update this booklet annually.

Cardiopulmonary resuscitation (CPR) or emergency airway management and AED (Automated External Defibrillation) are administered when needed, following American Red Cross guidelines.

Practices are outlined in the ASW Ambulance Policy (Appendix 1). ASW follows the standard procedure in handling blood and body fluids.

The adult responsible for the student is required to complete an accident/incident report (not required for minor, paper cuts, minor bumps and scrapes) using the ASW Accident/Incident Report form template located in the Nurse's Office Team Drive. The form needs to be printed and completed and returned to the School Nurse who will share with the divisional administrator.

The School Nurse logs the visit in PowerSchool. The log describes the situation, signs and symptoms, the nurse's intervention that was given, who was informed (teacher, parent) and action taken.

Allergies

In case of a severe allergic reaction or life threatening symptoms caused by food, nuts, drugs, insect stings and bites use an EpiPen when needed, follow the emergency procedures and call an ambulance.

The nurse's office keeps a supply of Adrenaline/Epinephrine (EpiPen) injections for emergency use. Staff supervising off campus overnight trips are provided with Adrenaline/EpiPen injections.

Poisoning

In the case of poisoning, the school nurse must be immediately informed. In case an ambulance is needed the ambulance policy (appendix 1) should be followed. The US Embassy medical unit should be informed in case the student involved is Embassy affiliated. The Health Care International Clinic may be called for advice. The student's doctor will inform the Toxicology and Poison Control Center when needed.

Concussion

Concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. Concussion should be suspected if a student displays any one of these signs and symptoms or behaviors that are listed in the concussion policy found in Appendix 2.

6. Illness

If a student is not feeling well the parent/legal guardian must inform the school office of the absence at the start of the school day.

See section 11 regarding the procedure for the communicable diseases.

In the case of an illness that occurs during the school day, the parent/legal guardian or a designated emergency contact person is expected to pick up the child promptly from school once notified by the school nurse. The nurse will ask for a photo ID from the person picking up the student; in case of doubts the nurse will call security: X 5050.

The illness protocol must be followed to prevent the spread of diseases at school.

The parent/legal guardian is advised to keep a child home from school when he/she has any of the following symptoms:

- Signs of severe illness including fever of 38°C (100.4 F), irritability and difficulty breathing.
- A suspected communicable disease, cold or Flu symptoms with a severe runny nose or persistent cough.

- Frequent and/or hard coughing
- Vomiting in the last 24 hours.
- Loose and/or watery bowel movements (diarrhea) in the last 24 hours or stools that contain blood or mucous.
- Head lice
- Drainage from ears or eyes
- Unidentified or questionable rash until the doctor has determined it is not caused by an infectious disease.

The child may return to school when:

- he/she has a normal temperature for the past 24 hours *without* the help of a fever reducing medication like Paracetamol, Tylenol (APAP) or Ibuprofen
- he/she feels well enough to be in school for the full day and to go outside for recess
- there is no vomiting and/or diarrhea for at least a day
- after head lice treatment and after the school nurse has checked the student
- The registered medical practitioner doctor has approved that the child can return to school

7. Administering medications

During the school day the School Nurse may administer prescription medications and over the counter medications when needed to relieve fever, headaches and minor discomforts. Students from Pre-K to grade 5 may not carry any medication to school. The parent/legal guardian must bring all medications to the school nurse's office. No staff member other than the school nurse, may administer medications to elementary school students. Students are prohibited from carrying and sharing any medications either over the counter, homeopathic or prescribed.

Over the counter medications administered may include: Paracetamol (Panadol), Acetaminophen (Tylenol, APAP), or Ibuprofen (Advil or Motrin), cough drops and lozenges, Fenistil cream, analgesic creams, antispasmodic (No Spa), aviomarin, eye drops, antihistamines (Claritin), cold medication and homeopathic remedies.

Prescription medication

Students in Pre-K to grade 12 with diabetes must carry their Insulin kit with them at all times.

ADHD, migraine, seizure and other controlled medications (e.g Ritalin or Methylphenidate, anticonvulsant, antidepressants, barbiturates, codeine) are stored in the Nurse's office. Parents must bring the medication in the original container, along with the dosage instructions from a licensed medical doctor's order to the Nurse's office. The parent/legal guardian must sign a permission form that is available at the Nurse's office giving authorisation for the School Nurse to administer the medication.

With parent/legal guardian permission, students in grades 6 to 12 may carry an inhaler, EpiPen injection, Insulin Pen and migraine medication when required. The permission form is available from the nurse's office and must be signed by parents.

The parent/legal guardian and child must understand the importance of taking medications at the right time which means coming to the Nurse's office at designated times.

The School Nurse will inform teachers in writing about the medication and schedule for when it will be administered.

8. Student Visits to the Nurse's Office

The School Nurse handles students health complaints or sudden illness that occurs during a school day. For general visits Upper School students drop by the Nurse's Office by themselves, but receive a note from the nurse to return to class.

All Elementary School students will be provided with a Yellow Pass to the Nurse's Office which the School Nurse will need to see prior to treatment (unless an emergency). The pass will be returned to the classroom teacher so the teacher knows of the complaint and next steps. Completed passes can be sent home by the classroom teacher. In the Early Years adults will accompany a child to the nurse.

The School Nurse logs the visit in PowerSchool. The log describes the situation, signs and symptoms, the nurse's intervention that was given, who was informed (teacher, parent) and action taken (dismissed to class, parent pick-up, ambulance called).

9. Staff Visits to the Nurse's Office

The School Nurse handles minor health complaints or sudden illness that occurs during a school day (for example: migraines, body aches, insect bites, minor burns, headaches, heartburn, cuts not requiring sutures), and does not provide ongoing aftercare, following up medical treatment from a registered medical provider (for example: follow-up injections, taking blood samples, changing dressings, removing sutures, etc.)

Staff members are referred to a physician/hospital when their condition requires medical attention or in case of emergency. Significant visits (including severe pain, bleeding, hypertension, etc.) are recorded in a staff log.

10. Health records and forms

The School Nurse maintains up-to-date immunization and health records on each student in PowerSchool. The School Nurse shall make reasonable efforts to contact the parent/legal guardians to inform them if records are insufficient or not up-to-date. No record of any student's medical record will be made public in accordance with GDPR. Information on signed forms/documents may be shared confidentially with school staff and emergency responders, but only when needed. Information about the student's health and medical history while enrolled at school, will be kept confidential (in the locked cabinet) in the Nurse's Office, following the United States FERPA and HIPAA guidelines.

11. Health Resource

The School Nurse supports the delivery of Units of Inquiry within the curriculum that are health related. For example: giving lessons on nutrition, wellness and hygiene. The nurse facilitates education for parents and the community through health notes when there is an outbreak of communicable disease, and trains staff in First Aid, CPR, AED use.

Students can meet confidentially with the School Nurse to discuss concerns about their health and emotional well-being. In case of a disclosure about alleged abuse or maltreatment (physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment) the nurse will report the disclosure to the ASW Child Protection Designated Leads. In the case of self harm the student is referred to the counselor.

12. Communicable diseases

The parent/legal guardian of any student or a staff member diagnosed with a communicable disease must inform the Nurse's Office of the diagnosis. When returning to school, the student or staff member must submit a doctor's note stating that he/she is no longer contagious and is fit to return to school or work. (before going to class.)

In Poland, reporting of a communicable/contagious disease to SANEPID (Polish CDC) is done by the doctor who has confirmed the diagnosis.

Contingency Plan

If there is a case of a communicable disease found in the school (e.g. chicken pox, head lice, flu virus, measles, pinworms / threadworms), the nurse informs the ASW Director, Director of Admissions and Principals, and together they will implement a contingency plan.

Contingency Plan:

1. The School Nurse informs the US Embassy Medical Unit and depending on the nature of the communicable disease may seek advice or recommendations on how to respond to the outbreak.
2. Depending on the nature of the communicable disease the School Nurse together with the Director of Admissions may send an email communication to ASW staff about the nature of the disease, precautions to be taken, and preventative measures to control the spread of the disease.
3. Depending on the nature of the communicable disease the School Nurse together with the Director of Admissions, and with the approval of the ASW Director will send a letter to parents and ASW community.
4. Precautions are implemented according to the nature of the disease. The Director of Finance and Operations implements cleaning and disinfecting of school facilities as needed.

Prevention of Flu

A Flu vaccination clinic is arranged every year by the Nurses Office for staff who do not have Medcover insurance. Payment for the vaccination should be handed directly to the attending physician. A Flu clinic for staff with Medcover insurance is arranged by the Human Resources department.

Preventing the spread of pediculosis (head lice)

The School Nurses recommend that parents regularly inspect their child's head to detect the presence of lice or nits (lice eggs) especially after a child has been away for a break or vacation. Parents have the prime responsibility for detection and treatment of head lice on their children.

Parents should immediately notify the school in case live lice are found on their child and if treatment was done so the School Nurses can check all children in the child's classroom or grade level.

In the Elementary School, a child found with live lice from PK to grade 5 will be immediately referred to the parent for treatment and sent home because smaller children movements are difficult to control and they are not consistent yet in following instructions involving contact with other children and adults.

The School Nurses will perform head inspection in the Elementary School only when there is a reported case of head lice in a particular class. In the Middle School and High School, a student found with live lice will be referred to the parent for treatment. They will be instructed by the School Nurse on how to take responsible action to prevent the spread. Head inspection will be done only on students who have had contact with a positive case.

The School Nurse will inform parents when a case of head lice is found in their child's class so they are made aware of the situation and so they can check their children at home.

A student found with nits (lice eggs) during class inspection will be allowed to attend school. The parent will be informed about the nits and a note will be sent home recommending nit combing, treatment and hair inspection.

Students found with head lice may return to school after one lice treatment using medicated shampoo recommended by a healthcare provider and when thorough nit combing has been done at home. The student can return to class after the school nurse has confirmed the absence of lice.

If lice are found during inspection, the student will be sent home again for proper treatment.

The School Nurses will recommend measures in educating students, parents and teachers about lice and ways of managing it.

It is not our practice to tell other parents the name of a student found with lice therefore parents are advised to refrain from asking the school nurse. We honor our student's privacy and observe confidentiality in dealing with students.

The School Nurse notifies the Teacher, Principal and Director of Admissions by email regarding the discovery of lice found on a student. A letter to parents or/and the broader ASW community might be sent (upon approval of the ASW Director) depending on the extent of the spread.

Classrooms and changing rooms in the swimming pool, PE locker rooms and the theatre will be thoroughly cleaned, vacuumed and disinfected (email order from School Nurse to the Facility Management Department and the Director of Finance and Operations will be sent).

13. Emergency Care Plans

For students with food and nut allergies, diabetes, asthma, epilepsy, and other chronic medical conditions the Nurse's Office creates an emergency care plan in consultation with the parent/legal guardian to minimize the risk of a severe reaction, based on the diagnosis, doctor's order or medical management plan.

The Emergency Care Plan includes student's photo, emergency contact numbers, information on the condition and history, how to recognize signs and symptoms, emergency procedures.

In the Upper School the nurse shares the emergency care plan with the Principal and he/she in turn decides which adults need access to this information. Included in the plan are instructions on how to recognize the symptoms and how to administer first aid. The nurse is available to demonstrate how to provide the medication or treatment to the adults working with the student.

In the Elementary School the nurse shares the emergency care plans directly with the classroom teachers.

In case of an emergency the Emergency Procedures found in the red Emergency Procedure Booklet,

located in every classroom and office, should be followed.

The parent/legal guardian will be notified by the School Nurse of any treatment administered to the student at school.

Diabetes Management

A student with a diabetic emergency care plan should be accompanied to the Nurse's office if an adult suspects them of having low blood glucose level. Signs and symptoms include headache, hunger, shaking, dizziness, sweating, sudden mood changes, pale skin, weak and rapid pulse, inability to concentrate, difficulty sleeping and in extreme cases loss of consciousness, seizure and coma.

The School Nurse assesses the student by checking their blood glucose level and administering orange juice or a sugar gel capsule if needed. A supply of Insulin pens and Glucagon injections are kept in the nurse's office.

In case of a fire, fire drill or campus evacuation all students with Diabetes must carry their Insulin kit with them to the evacuation zone.

Asthma Management

A student with an asthma attack must be accompanied to the School Nurse office immediately. Signs and symptoms of asthmatic attack include wheezing, difficulty breathing, anxiety, pale skin.

Students with diagnosed Asthma must carry their prescribed inhaler at all times. In case of Elementary School students their inhalers will be stored in the School Nurse office. The Upper School students, with doctor's advice, can carry their inhalers with them at all times.

Ventolin (Salbutamol) Inhalers are available in the Nurse's office, and inside all First Aid kits, for emergency use. The instructions on how to use the inhaler comes with the medicine.

Epilepsy Management

A student with epilepsy will have an emergency care plan that specifies what prescribed routine medications and dosages are being taken, and known symptoms/ "auras" that precede an epileptic attack.

If a student known to have epilepsy is having a seizure an adult must stay with the student and designate someone immediately to call or go for help to the School Nurse's Office. The adult must keep the student safe from injury by turning them to side to prevent choking or aspiration of mucus or saliva and time the duration of the seizures. This is important information for the doctor. In short the code is Stay, Safe, Side.

The School Nurse will teach adults who have daily contact with the student, how to recognize the symptoms and how to prevent injury in the case of an attack.

In the case of any suspected seizure, the School Nurse will notify the parent/legal guardian as soon as possible. In the case of an emergency follow the ambulance policy (appendix 1).

Instructions are provided for the student if they participate in school activities and trips off campus.

Food and Nut Allergy Management

A student with food allergies and severe allergies to nuts (tree nuts and peanuts and products containing nuts) has an Emergency Care Plan, which includes medical history, symptoms, routine medication and emergency medication (which may include Epipen, Benadryl, Ventolin inhaler).

If you suspect that a student is having an allergic reaction (symptoms might include: coughing, shortness of breath, vomiting, swelling of the face, redness and rashes), the adult must stay with the student and designate someone to immediately go for help to the School Nurse's Office.

Prevention and education is the best approach to prevent a life threatening reaction, therefore parents/legal guardians and staff are requested to avoid serving or sending any food that contains nuts to school for lunches, snacks, potluck lunches, trips and other school events.

Students are instructed not to share snacks and treats with other students and to wipe or wash hands after coming in contact with these products. Parents must inform the cafeteria about any food allergies their child may have.

14. Medical Concerns / Alerts

Medical alerts and concerns of students are confidentially shared with authorized school personnel who are directly responsible for the child. The lists are updated every time new information is received from parents or from the child's medical provider.

Medical alerts and concerns of students are entered in PowerSchool by the School Nurse (red medical icon is placed next to the student's name). The School Nurse provides information (list) on medical alerts and concerns to coaches and chaperones who are supervising school trips and sports activities.

15. Exemption from Physical Education

If a student is well enough to be in school, he/she is expected to participate in PE activities. The PE activities may be modified by the teacher upon consultation with the School Nurse, depending on the student's overall health, recovery and capacity to participate.

The nurse coordinates with the parents and teachers about an illness or injury that prevents a student from participating in physical education or swimming, or may require modification.

A parent/legal guardian must send a note to the school nurse if the child has a health concern that may be negatively affected by participation in physical activity. In case of an excuse from swimming, the PE teacher will modify the student's activities. A swimming excuse pass is also required for students who cannot swim because of period (menstruation).

If the student can't participate for an extended period of time because they are recovering from an illness or injury then a doctor's note is required.

If limited/modified activity is recommended by a doctor, the student is required to submit a PE adaptive form (appendix 2) signed by the doctor. The form is available in the Nurse's Office, in English and Polish.

The final decision on the level of participation will be determined by the teacher based on recommendations from the nurse and the doctor's certificate, or the PE Adaptive form.

16. Sports, Activities and Trips

Student safety is considered a priority at all times with accident prevention being practiced by both students and faculty. The school provides appropriate First Aid support for all sports activities and trips.

The School Nurse's office recommends medical personnel to be available for all school trips, sports activities and events to respond in the case of an emergency. All outside medical personnel will have

a briefing with the school nurse before signing a contract with the department regarding what is expected of them, how we treat and manage sick students and what to do in case of an incident/accident on the trip. The expectation and deliverables form is added to the employment contract for the medical personnel.

The School Nurse prepares and provides medical alert lists, first aid supplies, medications and instructions for their use for all offsite and onsite events under the instruction of the Director of Athletics and Director of Activities.

17. Air quality

The School Nurse checks the air quality index (AQI) every morning and sends an email to the administration team, PE teachers and divisional offices when the AQI level is above 150 which is the recommended safety level. The AQI check is done between 8:00 to 8:10 and 10:30 to 10:40 every day. Divisional offices will make recommendations regarding outdoor recess and PE activities and communicate this with their staff.

Air Quality Index

Levels of Health Concern	Numerical Value	Meaning
Good	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Moderate	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups	100 to 151	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	201 to 300	Health warnings of emergency conditions. The entire population is more likely to be affected.
Hazardous	301 to 500	Health alert: everyone may experience more serious health effects.

18. First Aid Training

The ASW is registered with the American Red Cross as an authorized provider of first aid training, and administers regular first aid training to all school staff.

Appendix 1 Forms

All forms and templates related to the Nurses Office are located in a folder on the shared drive called *Nurse's Team Drive*.

Appendix 2 Ambulance Policy (last update January 24, 2018)

All students, staff and visitors will be provided with immediate first aid and ambulance services when an injury, medical crisis or life-threatening episode occurs at school. Cardiopulmonary resuscitation (CPR) or emergency airway management and AED (Automated External Defibrillation) are to be administered to any indicated student or staff member when needed.

To ensure that all members of the school community understand the school's position and processes regarding the use of the ambulance service.

Implementation

- At times of accidents or illness, the First Aid trained staff member in attendance must immediately inform the school nurse, ext. 9997/9998 or (22) 702 85 37/38.
- The school nurse or adult responsible for the student shall make the decision to call the ambulance.
- Call Security ext. 5050 or (22) 702 85 18 to call Ambulance 112/999.

The person calling shall have basic information on the nature of the emergency and should be able to accurately answer the following questions:

- From where are you calling?
- What is wrong with the patient?
- Is the patient conscious and breathing?
- Does the patient have a pulse?
- Immediately after calling the ambulance, the direct administrative supervisor (e.g. Principal, Vice Principal, etc.) should be notified about the call.
- If an ambulance is called during an after hours school organized athletic or activity, the on-site supervisor will notify the Director or identified on-call administrator.
- In case of Anaphylactic Reaction (severe allergic reaction with difficulty breathing) the anaphylaxis protocol must be followed.
- Security will notify the Director of the incident and will be responsible for making a safe entry point for the ambulance. Security should establish a perimeter and students kept away from the accident scene.
- Parents (or next of kin for an adult) must always be contacted as soon as possible so that they may be in attendance when the ambulance arrives.
- A familiar staff member or someone designated by the principal will accompany a student to the hospital.
- The nurse shall remain in school. She hands over care once the ambulance arrives and they take charge.
- The principal will ensure that they are aware of the hospital to which the patient is being transported in case they need to inform parents or next of kin, or in case they have to arrange the collection of the accompanying staff member.
- The school nurse or adult responsible for the student should record any pertinent health information that happened during the medical emergency.
- An accident/incident form must be completed by the person responsible for the student/activity

and shares it with the principal, director, athletics director (if it happened in sports) and health and safety committee chair. The report must be submitted in the nurse's office where it is filed.

Appendix 3 Concussion Policy (Last update March and May 2020)

Concussion is a type of traumatic brain injury or TBI caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells as evidenced by any one or more of the signs and symptoms listed below. (CDC-[Centers for Disease Control](http://www.cdc.gov))

Concussion should be suspected if a student displays any one of these signs and symptoms or behaviors that are listed on the chart below.

Physical Symptoms	Cognitive Thinking / Remembering	Emotional	Sleep
<ul style="list-style-type: none"> ● Headache or "pressure" in head ● Nausea or vomiting ● Balance problems or dizziness ● Fatigue or feeling tired ● Double or blurry vision ● Sensitivity to light or noise ● Numbness orThe l right ● Balance problems ● Dizziness 	<ul style="list-style-type: none"> ● Confusion ● concentration or memory problem ● Feeling mentally foggy and slowed down ● Just not "feeling right," or "feeling down." 	<ul style="list-style-type: none"> ● Irritable ● sad ● More emotional than usual ● Nervous 	<ul style="list-style-type: none"> ● Drowsy ● Sleeps more than usual ● Has trouble falling asleep <p>*Only ask about sleep symptoms if the injury occurred on a prior day</p>

Students with a Minor or light bump in the head:

- All students with a minor or light bump in the head must be checked and evaluated by the School Nurse or Paramedic on duty.
- Parents/legal guardians must be informed of the student visit.
- A head injury note and concussion discharge information must be provided to the student or parent so that they will know what to observe and when to seek medical advice.

Students who have suffered a hard blow or bump in the head

- A student who has suffered a hard blow to the head during a physical activity including recess, play, sports practice or during a competition must be evaluated by the School Nurse or Paramedic on duty following the Glasgow Coma Scale table.

- If a concussion is suspected, the student must be immediately kept out of the physical activity.
- Call ambulance, 112 if the injury is serious and medical attention is needed,
- Follow the ASW Emergency Procedures.
- Inform the parents, coach, athletics director and divisional principal of the incident.
- Provide a head injury note and Concussion discharge information to the student and family.
- Fill in an accident report and submit it to the Nurse's Office.
- Inform the counselor about the concussion. He/she will then inform the student's teachers and pertinent staff of the injury and will make sure that reasonable academic accommodations and extensions on coursework can be arranged.
- Concussion symptoms and recovery is different for every patient. Typically, symptoms will last for about 7-10 days. In the acute stage of a concussion, it may be necessary for the student to be absent from school to completely rest while symptoms are most intense.

Return to learn and play after concussion

The purpose of the Return-To -Learn (RTL) protocol must go hand-in-hand with the Return-to-play (RTP) protocol for student athletes.

- The Return To Learn (RTL) protocol is a recommended guide for the gradual reintroduction of academics to students who suffered a concussion. After an initial period of complete rest lasting approximately 24-72 hours, a doctor/healthcare provider may clear a student to begin a gradual return to academic/cognitive activities which the school must follow.
- A student can gradually return to play and learning after submitting a medical clearance to the school nurse.
- The school nurse must inform the teacher, counselor, principal, athletics and activities director and coach about the student's return.
- The adult supervising the student, (Teacher/TA) should monitor the student daily following each progressive level of physical activity.
- The school nurse must be informed for any recurring signs and symptoms of concussion or changes in behaviors which are listed below.

<ul style="list-style-type: none"> ● Reduced/impaired concentration ● Shorter Attention span and comprehension ● Difficulty in organizing tasks or shifting between tasks ● Inappropriate or impulsive behavior during class ● Greater irritability ● Less ability to cope with stress ● More emotional than usual 	<ul style="list-style-type: none"> ● Slower processing speed ● Lapses in short term memory ● Slower to learn new concepts ● Difficulty with reading ● Fatigue ● Difficulties in handling a stimulating school environment (lights, noise, etc.)
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Accommodations

- The counselor will determine If a student needs special accommodations within the classroom.
- Needs will be addressed at the request of the physician and parents and will be based on the medical clearance and protocol such as; a partial day schedule and postponing exams until

symptom free, pacing homework or assignments to allow cognitive rest during school day, giving pain medication for headache and limiting movements.

Return to play for athletes

- A progressive 5-day physical exertion protocol is recommended once the student is completely asymptomatic and returns fully to a normal school day following a concussion.
- Concussion-like symptoms should be monitored regularly during the course of this protocol.
- Any return of symptoms should warrant stopping that activity for the day and return to Day 0 in the protocol. This process must be carried out by the student's sport coach or PE teacher upon clearance by the school nurse or paramedic.

5-Day Physical Exertion Protocol

Day 1: Light aerobic activity: 15-30 minutes of low intensity exercise such as stationary bicycle, elliptical, walking, or light jogging, only to increase an athlete's heart rate. Absolutely no weight lifting, jumping or hard running.
Day 2: Moderate activity: Progress intensity with activities to increase an athlete's heart rate with body or head movement. This may include running, weightlifting, bodyweight exercises (push ups, crunches, jumping jacks, burpees) or basic sport-specific drills. Total activity time should be 30-45 minutes.
Day 3: Limited, Non-Contact Practice: Students may participate in practice with limitations and modifications. No contact, high-risk drills or live scrimmage/game play.
Day 4: Return to full Practice & full contact
Day 5: Full Game play

Protocol for students/Athletes with continued concussion symptoms

- Students/Athletes with continued concussion symptoms are at significant risk for recurrent, cumulative, and even catastrophic consequences of a second concussive injury, therefore a student/athlete is allowed time to recover from the concussion. Return to play decisions must be carefully made to minimize the risks.
- No athlete should return to sports or other at-risk participation when symptoms of a concussion are present and recovery is ongoing.

Concussion Prevention: Coaches, Athletes and Parents Responsibilities:

- The Athletics Department must provide audience-appropriate annual concussion

training and/or informational materials to all community members.

- The Athletics Director must email and share with coaches the CDC Heads Up: Coaches Clipboard Guide, the Concussion Policy and the Accident Report form.
- All coaches must be certified in First Aid CPR AED.
- All athletes must complete the CDC HeadsUp concussion fact sheet for athletes before enrolling in after school sports.
- Parents must be required to complete a Pre-Participation Head Injury/Concussion Reporting Form.
- All students must submit a medical clearance (Physical Examination) from their doctor before participating in sports.
- School Nurses and Paramedics must annually complete the CDC Heads Up: Healthcare Provider online program.
- Counselors and Learning support staff must annually review the Nationwide Children's Hospital - An Educator's Guide to Concussions in the Classroom.
- Administrators and School Nurses must annually review the Nationwide Children's - A School Administrator's Guide to Academic Concussion Management.

References

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