Wyoming Valley West School District
Handbook of School Health Services

The Wyoming Valley West School Health Program's purpose is to protect, maintain and improve the optimal health of the school age child to enable him/her to work to his/her maximum capacity in school to grow to a productive adult.

This School Health Program is not a medical care service. It is intended to assist the child and parent on maximum good health.

The School Health services assist the teacher and other school professionals in the awareness of a positive approach to good health within the classroom setting.

Objectives

1. To meet needs of students who need emergency care, medication, treatment for in school minor illness and chronic disabling and non-disabling conditions.

2. To provide guidelines for school personnel so that they can meet the specific health needs of students in the most appropriate and safest way.

3. To provide students with the opportunity to assume responsibility and develop self-care skills under the guidance and supervision of school health staff.

SCHOOL HEALTH SERVICES

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DUTIES AND RESPONSIBILITIES OF THE SCHOOL NURSE

1. Establishes and maintains a comprehensive school health program, following guidelines of the Pennsylvania School Code, the Division of School Health Regulations and School District Policy.

2. Schedule and assist with routine physical examinations and conduct immunization programs within the school district. Assist with athletic examinations of exceptional children for planned activities.

3. Supply parents with forms for physical and dental examinations and encourage parents to have these examinations performed by their family physician and dentist.

4. Maintain comprehensive confidential health records for each child. Monitor immunization status to meet the Pennsylvania Department of Health mandates.

5. Uses information from health assessment techniques to identify health problems and made appropriate referral with the necessary follow-up.

6. Has or establishes an effective system for emergency care for ill or injured students and staff.

7. Contacts the child's parent or designated adult from the emergency record when an emergency occurs with a child in school.

8. Requisitions and maintains medical supplies and equipment in each school.

9. Maintains complete records on school accidents requiring special attention, forwards copies of accidents to the director of pupil personnel and follows up accident cases when necessary.

10. Acts as liaison between community health services and families.

11. Participates with other team members in Pre-K, assessment (i.e., auditory, vision, immunization conferences and health histories.

12. Recommends for exclusion from school those students who display symptoms of any communicable disease as mandated by the Pennsylvania Department of Health.

13. Schedule and assist with mandated dental exams and inform parent/guardian of results.

14. Provide parents with appropriate information to promote, maintain or restore health; prevent illness and effect rehabilitation.

15. Act as a facilitator for referrals to specialists and for adaptive physical education classes when corrective health measures are requested.

16. Collaborate with other professionals in assessing students and in planning, implementing and evaluating interventions.

17. Serve as a resource person for health education classes or meetings.

18. Remain alert to potential child abuse – evaluate and report as dictated by district guidelines.

19. Establish, evaluate and adhere to the medication policy as developed by the health care team and the chief school physician according to district policy.

20. Provide current health related information for school personnel.

21. Maintain a risk free environment, identify problems and assist with corrective measures.

22. Participate in in-service, staff conferences and continuing education programs and professional work-shops and maintain membership in professional organizations.

23. Act as health liaison for students with special needs between families and school staff.

Wyoming Valley West School District

Medication Policy

Dear Parent/Guardian:

The Wyoming Valley West School District recognizes that it is more desirable for medication to be administered in the home. However, any student who is required to take medication during school hours must comply with school district regulations.

The following policy for administering medication by school personnel shall be adhered to:

1. Medication required by students shall be given by parents whenever possible. Medication prescribed 3 times a day shall be given at home unless indicated by a physician. **Morning medication is the responsibility of the parents.**
2. The self administration of medication by students during school hours shall be done only in exceptional circumstances wherein the child's health may be jeopardized without it. It is preferred that times of medication be adjusted so that only one dose is administered in school during lunch.
3. Initial dose of medication is not to be self administered in school.
4. It shall be the responsibility of both the parent and the student to inform the school nurse of any medication, inhaler or medical equipment brought to or used in school. At no time are **students** permitted to transport medication to or from school on any level. If a student is to receive medication during school hours, the medication must be delivered to the school by the parent or guardian. Prescription medication must be in the original container. This policy includes over the counter item such as Tylenol, Motrin, etc.
5. Medication is to be accompanied by a physician's written statement which shall Include a diagnosis, type of medication, dosage, duration, instructions for Administering and possible side effects, along with written parental consent with he school nurse. Such prescribed medication shall include patented drug, over-the-counter medicine, vitamins, herbal medicines, and cough drops. This document will be kept on file with the school nurse. Medication is to be received by the school in packaging according to current pharmacy standards. **No narcotic pain relievers will be administered at any time. Any medication(s) that do not follow the above guidelines will not be administered. In addition, each student MUST provide the school nurse with a medication administration consent form.**
6. Daily prescribed medications will not be administered on days with 2 and 3 hour delays.

1. The parent shall be responsible for supplying the medication and the "Request for Administration of Medication" form to the school. The "Request for Administration of Medication" form includes the physician's statements and the parent's authorization. These statements will release school personnel from Liability should reactions result from medication.
2. The parent of a child with a known severe allergic reaction to stinging insects or other allergies requiring medication must notify the School District and complete a "Request for Administration of Medication" form. Parents should supply their child's medication and maintain current shelf life.
3. Students are not permitted to carry Epipens or inhalers in school unless absolutely necessary and with knowledge of the school nurse. Physicians order must state that the child will carry the medications.
4. **Under no circumstances should school personnel provide any medication to students including cough drops.**
5. At the end of the school year, it is the responsibility of the parent/guardian to pick up any leftover medication; otherwise it will be disposed of.

If you have any questions concerning the above policy, please contact the school nurse or building principal.

- **Note: The ultimate responsibility for administration of medication belongs to the parent/guardian. As such, the parent/guardian is responsible to insure that the school nurse has the correct medication in the pharmacy-dispensed container, the correct dosage, and the correct documentation on file.**

Wyoming Valley West School District

POLICY ON STUDENTS TAKING MEDICATION DURING THE SCHOOL DAY

Wyoming Valley West School District recognizes that it is more desirable for a student to receive medication at home. However, students who are required to take medication during school hours must comply within Wyoming Valley West's policies regarding medication administration. Medication to be taken during school hours must be prescribed by a medical professional licensed by the state of Pa. to do so. Such prescribed medication shall include patented drugs (prescription medication), over-the-counter medicine, vitamins, herbal medicines, and **cough drops.**

The Wyoming Valley West School District will not be responsible for the diagnosis or Treatment of any student's illness.

Due to the legal liability of administering medication to student during the school day, the following policy will be in effect.

1. The parent/guardian or designee must meet with the school nurse or principal (if the nurse is not available) to obtain the Wyoming Valley West School District medication form(s). This form must be completed **and signed** by the prescribing doctor and the parent/guardian for each medication to be administered during school hours.
2. The parent/guardian or designee **must transport a weekly** supply of medication in the pharmacy-dispensed container for the student to the school. The medication must be labeled with the student's name, name of medication, dosage to be given and time to be given. An improperly labeled container of medication will not be given because the risk of liability is great. **Parental consent MUST accompany a doctor's order. At no time are students permitted to transport medication to or from school.** If a student is to receive medication during school hours, the medication must be delivered to the school by the parent or guardian. Prescription medication must be in the original container. This policy includes over the counter items such as Tylenol, Motrin, etc.
3. If a nurse is not present, the parent/guardian or other person authorized by the parent/guardian should administer the medication.
4. In special cases not meeting with the conditions above, a meeting must be held with the principal, the nurse, teacher and the parent(s) to determine and meet the needs of that child.

Note: The ultimate responsibility for administration of medication belongs to the parent/guardian. The parent/guardian is responsible to insure that the school nurse has the correct medication in the pharmacy-dispensed container, the correct dosage, and the correct documentation on file.

Wyoming Valley West School District
Private Physician Request For
Administration of Medication During School Hours

Dear Doctor:

It is our procedure to request that medication be given before or after school hours whenever possible.

If it is essential that the student receive the medication(s) during school hours, please complete the following information:

Name of Medication(s) _____

Dosage _____

How to be administered (oral or injection) _____

Time schedule for administration _____

Duration of medication administration _____

If Epipen, Diastat or Inhaler, will the student be carrying it on their person?

_____

Other medications prescribed by physician that student is taking outside of school hours

_____

Is student capable of self administration with supervision? _____

_____ _____
Date Physician's Signature

_____ _____
Physician's Phone Number Print Physician's Name

Parent Consent Form For Prescription/Non Prescription Medication

We request that school personnel supervise the self administration of this prescribed/non-prescribed medication to _____ according to the above directions
Student's Full Name
from our attending physician.

As parent/guardian of _____, we hereby release the Wyoming Valley
Student's Full Name
West School District and all of its employees from any and all liability for damages our child may suffer as a result of this request.

Thank you for your Cooperation

_____ _____ _____
Print Name Parent/Guardian Signature Parent/Guardian Date

_____ _____ _____
School Nurse Date Parent/Guardian Daytime Phone#

Guidelines of Wyoming Valley West School District
Pertaining to Administration of Medication During School Hours

I. School District Responsibility

A. Implementation of Policies and Dissemination of Information to Parents, Students, and Faculty.

1. School District guidelines should specify persons responsible for dissemination of information regarding school policies to parents, students and faculty.

2. There should be written procedures for the dissemination of information pertaining to school medication policies. These procedures should specify:

   a. Persons responsible for dissemination of information.
   b. Persons to receive the information.
   c. How the information will be disseminated to parents, students, and faculty via handbook.

B. School District shall require:

1. Parents to contact nurse or principal before medication is brought into school for proper written request forms to be filled out by Doctor and Parent/Guardian before it will be taken to school.

2. Written request from the parent giving permission for self administration of medication and releasing W.V.W. School District and all personnel from and all liability for damages the child may suffer as a result of this request.

3. Medication to be in a properly labeled container from the Pharmacy with name, dosage, time, doctor's name and medication or manufacturer labeled containers. **(Any medications submitted that do not follow the above guidelines will not be administered.)**

II. Responsibilities of the Principals

A. Designates in writing the person(s) authorized to supervise self administration of medication if other than the school nurse.

B. Reviews school policy regarding supervision of medication by designee in nurse's absence.

C. Contacts the school nurse on receipt of medication request.

D. Confers with school nurse regarding medication reactions (desired or adverse) and emergency procedures.

It is recommended that school districts:

1. Supervise self administration of medication that must be taken during school hours.

2. Fully inform parents that if a school nurse is not available and parent cannot administer the medication in school; someone will be designated by the principal to supervise the self administration of medication by the student.

4. It is suggested that in the absence of the school nurse:

   a. School principal or designee will supervise the student's self administration of medication.

   b. An area be designated for administration of medication which will afford the student privacy.

   c. In-service for emergency procedures be made available by the school nurse.

   d. School Personnel are responsible for observing and reporting to nurse or school administrator any side effects of other problems concerning medication.

III. School Nurse Responsibility

A. 1. The School Nurse when available is the primary person to supervise medication. She is responsible for orientation of the person(s) authorized to supervise medication.

Orientation should include:

a. Principals of medication supervision.
b. Review of specific medications which are to be supervised including side effects.

2. The nurse will have conferences with parents of students on long term medication regarding:

   a. Responses to medication.
   b. Written report should be given for the physician's review.

B. Functions of Nurse:

1. Responsible for supervision and recording of medication.

2. Alerts appropriate school staff to possible side effects of medication which need to be reported.

3. Alerts appropriate teacher if pupil should refrain from any school activity (lab, shop, sports, gym, etc.).

4. Confers with physician and pharmacists as needed.

5. Supervises appropriate self administration of medication. (Student should take the medicine in the presence of the person overseeing the medication.)
6. Consults by phone or in person with physician or parent at any time.

7. Informs parent that initial dose of medication will not be self administered in school.

   Recommend that students:

   a. Not return to school for 24 hours after first dose of medication.
   b. Must be without fever for at least 24 hours before returning to school.

IV For Prescription Medications:

A. The physician must complete the prescription medication form.

B. The parents must sign the consent form for prescription medication.

C. Any medication to be given during school hours must be delivered directly to the school nurse, the school principal or his designee by the parent or a responsible adult. The medication must be brought to school in the original pharmaceutically dispensed and properly labeled container. Consent form should be signed at this time.

D. A prescription drug log will be kept for any child receiving prescription medicine during school hours.

E. In the absence of the school nurse, the school principal or his designee will oversee the self administration of medication by the student.

F. Prescription medication will be kept in a locked container in the nurse's office.

G. Students in Middle School (6-7-8) and the High School (9-10-11-12) will be responsible for reporting to the nurse's office at the time the medication is to be taken.

   In Grades K-5 individual plans will be made for the taking of medication by the student in the presence of the nurse, principal or his designee.

H. Discontinuation of medication must be in writing by the parent or physician.

V. Documentation of Medication Administration

A. Physician medication request become part of student's health record.

B. Log or written record indication the administration of medication should be

established. Documentation should be in ink and indicate date, time of day, name of the student, name and quantity or dosage of medication given, name of the person administering the medication.

C. Teachers are responsible for observing and reporting to nurse or school administration any side effects.

D. School nurses are responsible for reporting side effects to the prescribing physician and parent.

Delivery of Medication

1. Delivery of medication to school by the parent, guardian, or responsible adult to the school nurse. Elementary – no child is allowed to transport medication to or from school.

   a. The physician's written request and parental authorization is brought with the medication, and delivered to the school nurse.

Medication Restrictions

1. Supply of medication to be kept at school.

   The amount of medication stored by the school should be based on the length of time medications, are to be administered and other individual concerns.

Labeling and Storage of Medication in Schools

1. Labeling

   a. Medication brought to school must be in a manufacturer or pharmacy labeled container. The container should be labeled by pharmacist or doctor.

2. Storage

   Medications are stored in a locked container in a secured area, which is convenient to the person responsible for administering medication. Medication should not be stored in the teacher's desk. Medications requiring refrigeration are stored in the refrigerator in the School Health Room or designated area.

3. Unused Medication

   Unused medications should be given to parents for disposition. Record date, time, amount, and signature of parent/guardian or adult receiving medication.

   Parent or an adult must pick-up medications by the last day of school. If not picked up medication will be destroyed by the nurse.

FIELD TRIP MEDICATION POLICY

The administration of medication to students is the responsibility of the parent/guardian. Whenever possible, parents are encouraged to administer medication at home and to collaborate with the primary care provider to establish medication schedules that minimize administration at school.

When medication must be administered during school hours, the parent/guardian must give written permission to school licensed medical personnel to administer the medication or to allow the student to self-medicate, in accordance with Wyoming Valley West School District policy. The certified school nurse or other licensed personnel (RN, LPN) cannot lawfully delegate the nursing function of medication administration to the principal, teacher, administrative personnel, paraprofessionals serving as health room aides, or other non-professional school district employees, nor can school districts lawfully assign the medication administration function to the school administrators, teachers, or other personnel.

When students are off-campus for field trips, it is **not** the normal and routine practice of the Wyoming Valley West School District to assign medical personnel to accompany them. On such occasions, parents/guardians of students whose medication is normally administered by school medical personnel during the period of time involved will be notified at least **14** days in advance of the scheduled field trip and asked to determine how they would like the medication administered during the field trip.

The parent/guardian will have several options:

_____1. The parent/guardian may notify the District that the medication will be administered at home on that day.

_____2. The parent/guardian may attend the field trip and administer the medication to the student.

_____3. **The parent/guardian may provide written notice that the student will self-carry the medication and self-administer it at the proper time. The only medications a student may self-carry and self-administer are an asthma rescue inhaler, insulin, glucagon and an epinephrine auto-injector. The student must have a provider's written order and parent/guardian permission to both self-carry AND to self-administer the medication. This may be done under the observation of an adult, but not dispensed by the adult.**

_____4. The parent/guardian may designate another adult attending the field trip to carry and administer the medication to the student. However, teachers, school-designated chaperones, and other WVW personnel may not be designated to administer medications.

_____5. The parent/guardian may notify the District at least 10 days prior to the trip that none of the above options are possible. In this case, the District will arrange to have licensed medical personnel available to administer the medication at the appropriate time.

All medication to be administered on the field trip must be delivered to the school by the parent/guardian or a responsible adult designated by the parent/guardian. This medication must be in the original pharmacy labeled container. According to 49 Pa Code $27.18(d) (1) – (7), the label must contain:

- Name, address, telephone and federal DEA number of the pharmacy;
- Patient's name;
- Directions for use (dosage, frequency and time of administration, route, special instructions);
- Name and registration number of the licensed prescriber;
- Prescription serial number;
- Date originally filled;
- Name of medication and amount dispensed;
- Controlled substance statement, if applicable

All medication must be handled either by licensed medical personnel, the parent/guardian or other adult designated by the parent/guardian, or the student. Under no circumstances shall the teacher or school personnel other than a licensed medical professional transport or otherwise handle student medication.

To the Parent/Guardian of: _____
Student Name

Your child's class is scheduled to attend a field trip to:

_____ On: _____
Location Date

Because your child normally receives medication administered by the school medical personnel during the period of time covered by the field trip, we are notifying you that when students are off-campus for field trips, it is not the normal and routine practice of the Wyoming Valley West School District to assign medical personnel to accompany them. We ask that you indicate below your choice of how the medication will be administered on the day of the field trip.

Please check one of the following options and sign below.

_____1. The medication will be administered at home on that day.

_____2. I will attend the field trip and administer the medication.

_____3. I will provide the medical provider's written order and my written permission for the student to carry the medication and self-administer it at the proper time. (This may be done under the observation of an adult, but not dispensed by the adult.)

_____4. I will designate another adult attending the field trip to carry and administer the medication to the student. **Name of adult:** _____

_____5. None of the above options are possible. In this case, the District will arrange to have licensed medical personnel available to administer the medication at the appropriate time.

All medication to be administered on the field trip should be delivered to the school by the parent/guardian or a responsible adult designated by the parent/guardian. The medication must be in the original pharmacy labeled container.

All medication must be handled either by licensed school medical personnel, the parent/guardian or another designated adult, or the student. Under no circumstances shall the teacher or school personnel other than a licensed medical professional transport or otherwise handle student medication.

Please return this signed to the school no later that 10 days before the date of the trip. Thank you for your cooperation!

Parent Signature: _____ Date: _____

PROCEDURES FOR
EXCLUSION AND REENTRY
DUE TO POTENTIAL COMMUNICABLE CONDITIONS

For safety and well being of all students, certain regulations must be enforced when a communicable condition is suspected. These rules are not intended to discriminate, but to protect the affected person from further complications and to protect the other students and staff.

I. Pediculosis (nits and lice)

A. The child will be isolated from routine school activities as soon as the condition is detected.

B. Parents/guardian or authorized person will be notified to come for the student.

C. School nurse sends home exclusion letter, copy is sent to the Central Office.

D. Student will not be allowed to ride the school bus or return to school until the problem is completely corrected.

E. The school nurse will give the parents adequate instructions in order that the child's problem be corrected. If additional assistance is necessary, the school nurse may be contacted.

F. After the problem has been eliminated the parents are to return, with the student, to the school to be rechecked by the same nurse who originally discovered the problem. The student will be checked by the nurse in the presence of the parent/guardian. If the student is clear of all nits or lice, he/she will resume regular school activities. If the problem still exists, the student will return home with the parent for further treatment and the procedure for reentry will be repeated.

G. Parents are responsible for providing transportation to and from the school until the condition is cleared.

II. All Other Potential Communicable Conditions

A. Parents will be notified and the procedure guidelines outlined by the Pennsylvania Department of Health – **Regulations of Communicable and Non-Communicable Disease** will be followed.

Wyoming Valley West School District

450 North Maple Avenue, Kingston, PA 18704-3683
Phone: (570) 288-6551 ~ Fax: (570) 2881564

To the Parent or Guardian:

Name of Pupil:

Street:

Town:

Under the provisions of the Act of April 23, 1956, P.L. 1510 as amended and rules and regulations of the Pennsylvania Department of Health, the pupil named above is excluded temporarily from school because of symptoms suggestive of a communicable disease or condition transmissible to others. Specifically, your child is excluded for symptoms of Pediculosis (Nits).

If upon examination by a physician, it is found that the pupil named does not have a communicable disease or condition transmissible to others, the pupil can be authorized immediately to return to school by completion of the reverse side of this form.

It is the responsibility of the parent to make an appointment with the school nurse prior to re-entry. Our elementary nurses are responsible for more than one building; therefore it is imperative for the parent of an elementary student to call the school for the nurse's schedule. The child must be accompanied by an adult upon return. Only those children who have received the nurse's approval for re-admission will be allowed to return to the classroom.

For that child being excluded because of pediculosis, the period of communicability is defined as follows:

> "While lice remain alive on the infected person or in his clothing, and until eggs (nits) in hair and clothing have been destroyed."

A child excluded from school because of head lice or nits should have the condition corrected within seventy-two (72) hours. If the child is absent beyond the seventy-two (72) hours, the case will be referred to the school attendance officer. For your convenience, we are enclosing a letter from our head doctor suggesting procedures that might be followed to combat this problem.

_____
Superintendent

_____
Home & School Visitor

Wyoming Valley West School District

450 North Maple Avenue, Kingston, PA 18704-3683
Phone: (570) 288-6551 ~ Fax: (570) 2881564

To the Parent or Guardian:

Name of Pupil:

Street:

Town:

Under the provisions of the Act of April 23, 1956, P.L. 1510 as amended and rules and regulations of the Pennsylvania Department of Health, the pupil named above is excluded temporarily from school because of symptoms suggestive of a communicable disease or condition transmissible to others. Specifically, your child is excluded for symptoms of **suspicious redness of the eye.**

It is the responsibility of the parent to take the child to the school nurse prior to re-entry. Our elementary nurses are responsible for more than one building; therefore it is imperative for the parent of an elementary student to call the school for the nurse's schedule. Only those children who have received the nurse's approval for re-admission will be allowed to return to the classroom.

If upon examination by a physician, it is found that the pupil named does not have a communicable disease or condition transmissible to others, the pupil can be authorized immediately to return to school by completion of the reverse side of this form or with a physician's note. By completion of this form by a physician or with a physician's note the student may return to school without the parent.

_____
Superintendent

_____
Home & School Visitor

Wyoming Valley West School District

450 North Maple Avenue, Kingston, PA 18704-3683
Phone: (570) 288-6551 ~ Fax: (570) 2881564

To the Parent or Guardian:

Name of Pupil:

Street:

Town:

Under the provisions of the Act of April 23, 1956, P.L. 1510 as amended and rules and regulations of the Pennsylvania Department of Health, the pupil named above is excluded temporarily from school because of symptoms suggestive of a communicable disease or condition transmissible to others. Specifically, your child is excluded for symptoms of **suspicious rash.**

It is the responsibility of the parent to take the child to the school nurse prior to re-entry. Our elementary nurses are responsible for more than one building; therefore it is imperative for the parent of an elementary student to call the school for the nurse's schedule. Only those children who have received the nurse's approval for re-admission will be allowed to return to the classroom.

If upon examination by a physician, it is found that the pupil named does not have a communicable disease or condition transmissible to others, the pupil can be authorized immediately to return to school by completion of the reverse side of this form or with a physician's note. By completion of this form by a physician or with a physician's note the student may return to school without the parent.

_____
Superintendent

_____
Home & School Visitor

PHYSICIAN'S CERTIFICATE

THIS CERTIFIES that I have carefully examined _____

_____, Age _____ residing at _____

_____

absent from school on account of _____ and I find

him/her to be free from any contagious or infectious disease or condition transmissible to others.

In situations where the rules required isolation or quarantine, such requirements have been met.

_____ M.D.
D.O.

_____ 20_____ Address_____

PROCEDURE FOR EARLY DISMISSAL DUE TO ILLNESS

1. Students will be excused by the school nurse or designated person according to the following:

   A. An emergency form must be on file granting permission for someone to be called to release the student early from school. If no such form is on file and the condition is not serious, the student must remain in school until regular dismissal time.

   B. Elementary and middle school students who are ill must be signed out and accompanied home by an adult. No child will be allowed to walk home without an adult accompanying them.

   C. No high school student who is ill will be allowed to walk or drive home unless the parent/guardian gives written or verbal permission allowing the student to walk or drive home. This permission will only be granted after the parent/guardian is contacted by phone at the discretion of the school nurse or designated person excusing the student.

   D. Parents of students who do not give written or verbal permission to walk or drive must come into the building to sign the ill student out early.

   E. No ill student will be sent home if no one is home, unless the parent specifically authorizes the release of the student under these conditions. Arrangements can also be made by the parent/guardian for the student to be excused with someone who will be responsible for the student's early dismissal. If neither arrangement can be made the students must complete the regular school day.

   F. Only authorized persons designated by the parent/guardian, on the emergency form, will be called when parents cannot be contacted in an emergency situation.

MANDATED SCHOOL HEALTH SERVICES

Pennsylvania Department of Health
Division of School Health
Harrisburg, Pennsylvania

Every child of school age attending or who should be attending a public or non-public school is entitled to the following services provided by the local public school district. The local school district is reimbursed by the Pennsylvania Department of Health for services provided to children in public and non-public schools.

Teachers may expect periodic requests from the nurse to excuse pupils for physical examinations and screenings. These requests are to be granted unless a test is being given at that time.

Service	K or 1	2	3	4	5	6	7	8	9	10	11	12	Special Education
Physical Exam	X					X					X		As needed
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Exam	X		X				X						As needed
Vision Screening	X	X	X	X	X	X	X	X	X	X	X	X	X
Growth	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing	X	X	X				X				X		As needed
Scoliosis Screening						X	X						X
Health Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X
School Follow Through	X	X	X	X	X	X	X	X	X	X	X	X	X

INFECTION CONTROL

POLICY: Universal Precautions shall be observed and practiced as a measure of infection control throughout the school district.

PROCEDURES:

1. **Hand washing** – Hand washing facilities will be readily accessible to all staff and students. If that is not feasible antiseptic towels or waterless hand cleanser shall be provided.

2. **Proper disposal and cleanup of body fluids** (vomitus, blood, feces and urine) shall be practiced. All body fluids shall be regarded as potentially infectious.

    a. Body fluids shall be double bagged and placed in a red bag container which prevents leakage and disposed of in the trash.

    b. Contaminated areas shall be cleaned and disinfected with appropriate disinfectant.

3. **Sharps** – Needles, shall be disposed of properly in a puncture proof container provided by the school district. Full containers shall be disposed of according to school district policy.

4. **Protective equipment**

    a. Gloves shall be worn at all times when handling body fluids, treating wounds.

    b. Protective equipment shall be utilized in accordance with nursing procedures.

5. **Treatment of Accidental Exposure to Contaminants.**

    a. Wash hands thoroughly cleanse area.

    b. If a student is involved notify the parent.

    c. Notify administration and advise medical follow up.

FIRST AID GUIDELINES

ABDOMINAL INJURIES

1. Keep patient warm and lying flat – ice cap to abdominal region.
2. Notify parent.
3. Secure prompt medical care.
4. Do not give any thing to drink.

ABDOMINAL PAIN

1. Take temperature.
2. Evaluate abdominal pain.
3. Give nothing to eat or drink.
4. Notify parent if warranted.
5. Medical attention advised for elevated temperature and/or severe pain.
6. Frequent complaints should be called to parent's attention.

ACUTE ALLERGIC REACTIONS (RESPIRATORY DISTRESS)

1. If student has breathing difficulty, keep in a sitting position.
2. Call parent – if very severe call ambulance and/or family doctor.

ACCUTE ALLERGIC REACTION (RASH OR HIVES)

1. Inform parent.
2. If student has prescribed physicians orders in case of allergic reaction – carry out orders as directed.

ASPHYXIATION

1. Remove victim to open air.
2. Administer mouth to mouth resuscitation if necessary.
3. Activate Emergency Medical Services

ASTHMATIC ATTACKS

1. Keep student in most comfortable position. This is usually in a sitting position leaning slightly forward.
2. Administer medication (if available) in accordance with written consent from the private physician.
3. Inform parent.

ABRASION AND BRUISES

1. Wash with soap and water.
2. Apply antiseptic and dressing if necessary.
3. If large or embedded with dirt, advise parent to secure medical care.

BACK INJURY

1. Keep warm and comfortable.
2. Do not move unless absolutely necessary.
3. Use ambulance or litter transportation.
4. Contact parent.

BEE STING – INSECT BITES

1. Apply bee sting medication as provided by the school district.
2. Remove stinger if present.
3. Apply ice.
4. Notify parent if hives, asthma or excessive swelling occurs.
5. If severe call ambulance and/or family doctor.
6. Administer medication (if available) in accordance with written instruction from private physician.

BITES (Animal & Human)

1. Wash with soap and water.
2. Apply dressing.
3. Inform parent.
4. Report animal bite to Department of Health.
5. Have the student seen by their family physician.

BLISTERS

1. Do not puncture.
2. Wash with soap and water.
3. Apply dressing.

BURNS

1. Apply cold water immediately. If chemical burn-flush with cold running water for 10 minutes.
2. Obtain medical care if needed.
3. Notify parent.

DIABETES MELLITUS ON ENROLLMENT

1. Obtain medical history and written plan of treatment from physician.
2. Review symptoms of insulin shock and diabetic coma.
3. Inform student and teachers as to where snack or fruit juice provided by the parent is kept.
4. Advise teachers of child's condition and of emergency plans in case of shock or coma.

CHEST DISCOMFORT

1. Obtain vital signs.
2. Notify parent/guardian.
3. Medical attention advised.

DIABETIC COMA

1. Symptoms:
   - Extremely ill appearance
   - Dry flushed skin
   - Air hunger-gasping respiration
   - Exaggerated respiration
   - Weak and rapid pulse
   - Dim vision
   - Acetone odor to breath

2. Check Blood Sugar
   RX: Notify parent and obtain medical care.

   NOTE: If differentiation between Diabetic Coma and Insulin Shock is difficult to make-assume it is Insulin Shock and treat accordingly.

INSULIN SHOCK

1. Symptoms:
   - Weakness
   - Moist, pale skin
   - Drooling
   - Drowsiness
   - Intense hunger
   - Vision problems
   - Normal or shallow respiration
   - Acetone odor may be present

2. Check Blood Sugar
   RX:
   - Give candy, sugar or juice.
   - Notify parent.
   - Obtain medical care unless recovery is prompt.

DYSMENORRHEA

1. Allow a short rest and apply a heating pad.
2. Urge medical attention if severe or recurrent.
3. Give medications prescribed or authorized by family physician.

EARACHE

1. Take temperature.
2. Notify parent.
3. Urge medical care.

EYE PROBLEMS

1. **Eye injuries:**
   a. Apply dry sterile dressing over injured eye.
   b. If you suspect glass or metal particles are in the eye, cover both eyes to prevent motion, and transport in horizontal position.
   c. Contact parent.
   d. Obtain immediate medical care.

2. **Blow to Eye:**
   a. Apply cold compress.
   b. Inform parent.

3. **Foreign Body in Eye:**
   a. Flush with plain water.
   b. If unable to remove, contact parent and refer to physician.

4. **Flash burn of Eye:**
   a. Notify parent.
   b. Do not cover with eye patch or put anything into eye.
   c. Provide dark glasses to protect from glare.
   d. Immediate medical care.

EYE INFECTION
(Red or discharging "Pink-Eye")

1. Exclude from school for 24 hrs. after treatment starts.
2. Urge prompt medical care.
3. Refer to policy for exclusion.
4. Advise against mascara and eyeliner.

FAINTING

1. Lay person on back with legs and feet elevated. Check blood pressure and pulse.
2. Loosen clothing at neck and waist.
3. Use ammonia inhalant sparingly.
4. Notify parent.
   If person fails to respond in a short period or if blood pressure is low and remains so and pulse remains rapid, secure prompt medical care.

FEVER

1. Contact parent if temperature is elevated.
2. Suggest medical attention to determine cause of fever.
3. A temperature over 100° F is considered a fever and the child must be taken home.
4. The student must stay home until at lease 24 hours fever free without use of Fever reducing medicine.

FRACTURES

Simple:

1. Keep person warm and in a comfortable position.
2. Immobilize the injured part to prevent further injury.
3. Notify parent and advise medical care.
4. Call for transportation.

Compound:

1. Control severe bleeding with direct pressure.
2. Otherwise, do not disturb the wounded area.
3. Cover with a sterile dressing.
4. Have patient lying down and cover for warmth.
5. Notify parent.
6. Secure transportation to medical facility.

FROSTBITE

1. Place affected part in cool water and gradually bring water up to body temperature.
2. Inform parent.

HEADACHE

1. Take temperature.
2. If fever or if severe pain, advise medical care.
3. If no fever, return to class.
4. Apply ice cap to head.

HEAD INJURY

1. Place student in prone position with an ice cap to the bruised area.
2. Obtain immediate medical care if the following symptoms are present:

Vomiting	**Irregular Pulse**	**Irregular pupil reaction**
Drowsiness	**Twitching**	**Unconsciousness**
Dizziness	**Blurred vision**	**Bleeding from ears-mouth**

3. Contact parent and advise medical care if child presents symptoms.
4. Student should not be allowed to walk or drive home.

HEART ATTACK

1. Place victim in a sitting position for easier breathing.
2. Call 911.
3. Loosen tight clothing.
4. Take vital signs.
5. Do not allow victim to walk or otherwise exert self.
6. Notify parent.

HEAT EXHAUSTION

Symptoms: Weakness, headache, dizziness, nausea, vomiting, face pale, skin cool & moist, pulse weak, temperature low or normal, may faint but seldom unconscious for long.

1. Take individual to a cool place.
2. Put individual flat with head level or low.
3. Loosen tight clothing.
4. Give sips of fluid.
5. Notify parent and secure prompt medical care.

HEAT STROKE (Sun Stroke)

Symptoms: Headache, nausea, face red, skin hot and dry, pulse strong and rapid, very high fever, unconsciousness and convulsions.

1. Put person flat with head and shoulders elevated.
2. Keep in shade or cool place.
3. Apply cool compresses to head and body.
4. If conscious, give sips of fluid.
5. Notify parent and secure medical care.

HEMORRHAGE

External:

1. Put on gloves.
2. Apply gauze and pressure or tourniquet immediately, over would until bleeding stops.
3. Reinforce dressing and secure in place.
4. Notify parent
5. Secure prompt medical care.

Internal:

1. Keep patient warm and lying down.
2. Activate Emergency Medical Services (EMS).
3. Transport to nearest medical facility.

HYPERGLYCEMIA (High Blood Glucose)

Symptoms: Extreme thirst, frequent urination, dry skin, hunger, blurred vision, drowsiness, nausea.

1. Check blood sugar.
2. Treat as per physician plan of treatment.

HYPOGLYCEMIA (Low Blood Glucose)

Symptoms: Shaking, fast heartbeat, sweating, anxious, dizziness, hunger, impaired vision, weakness fatigue, headache, irritable.

1. Check blood sugar.
2. Treat as per physician plan of treatment.

NECK INJURY

1. Cover patient with blanket.
2. Do not move victim. (Danger of further injury).
3. Notify parent.
4. Activate Emergency Medical Services.

NOSEBLEED

1. Seat person in comfortable upright position with head upright.
2. Put on gloves.
3. Pinch nostrils closed using moderate pressure of fingers.
4. Apply ice if severe.
5. Contact parent and advise medical attention.
6. Advise individual not to itch or blow nose for at least one hour.

PEDICULOSIS

1. Exclude from school until free of nits as school policy specifies.

POISONING

1. Activate Emergency Medical Services as needed.
2. Notify parent.
3. Try to obtain brand name or specific information about substance.
4. If possible, send container to medical facility.
5. **Poison Control Center**
   1-800-222-1222

Do not try to make victim vomit unless directed to do so by Physician.

POISON IVY OR POISON OAK

1. Advise medical attention and exclusion if lesions are oozing or wide-spread.
2. Exclude from swimming.
3. Refer to school policy for exclusion.

PUNCTURE WOUNDS

1. Put on gloves.
2. Wash thoroughly, allow to bleed freely.
3. Use antiseptic and sterile dressing if necessary.
4. Inform parent and advise to contact physician regarding tetanus booster.

RASH

1. Exclude from school.
2. Recommend medical care.

SHOCK

1. Keep the individual flat but elevate the legs and feet.
2. Keep individual warm.
3. Check pulse and blood pressure.
4. Contact parent.
5. Secure medical help.

SHOCK (ELECTRIC)

1. **Do not touch victim until source of current is located and shut off.**
2. Use a "NON-CONDUCTOR" (long wooden stick with no metal) to remove wire from contact with victim.
3. Give mouth to mouth breathing.
4. Activate Emergency Medical Services.
5. Notify parent.

SEIZURES

1. Keep calm.
2. Turn individual on their sides to allow mucous to flow from mouth.
3. **Do Not Restrain Movements.**
4. Protect from injury. Place a flat hard cushion, if available, beneath head.
5. Loosen tight clothing.
6. After seizure transport to health office if there is a classroom problem—otherwise allow individual to rest peacefully.
7. **Always notify parent.**
8. If the seizure is prolonged (10 minutes or more) or if it is repeated, secure medical care.

SKIN INFECTION – IMPETIGO

1. Exclude from school.
2. Medical care advised.
3. Refer to school policy for exclusion.

SPRAINS

1. Apply ice pack.
2. Elevate affected area.
3. If any possibility of fracture, follow instructions for fracture.
4. Sprains are not to be splinted, taped or strapped.
5. Contact parent and advise medical care.

SPLINTERS – SLIVERS-STAPLES

1. Wash with soap and water.
2. If easily accessible, remove gently with tweezers.
3. Apply antiseptic and dressing.
4. Contact parent and advise medical care.

SORE THROAT

1. Check throat, take temperature.
2. Notify parent if warranted.
3. If temperature is elevated, send home and recommend medical attention.

SWOLLEN GLANDS

1. Contact parent.
2. Refer for medical care.

PERMANENT (WHOLE) TOOTH KNOCKED OUT

1. Locate tooth at scene of accident.
2. Pack mouth with sterile gauze; have individual bite down to provide pressure.
3. Call parent to take student to dentist.
4. **DO NOT** wash or scrub tooth to disturb or remove fibers that can reattach to tooth socket to implant.
5. Place tooth in container of tooth preserving solution. (Available in every school)
6. Send container with individual to dentist.

Procedure for Vital Signs: Temperature, Pulse, Blood Pressure, Respirations

Additional signs that may be taken: Pulse Oximetry if available, Pain assessment scale 1-20, for students with Diabetes Glucose (sugar) fingerstick readings and/or continuous glucose monitor readings (Guardian or Dexcom sensors in place on students arms or abdomen-readings are sent to app on student's and/or parent's cell phones) https://www.ahn.org/education/star-cemter/course-catalog/multidiscipline-courses/measuring-vital-signs

The school nurse or nurse assistant will assess each student with use of vital signs relative to student's presenting clinical symptoms, concerns and nursing clinical judgement.

1. Temperature: Tympanic thermometer (ear thermometer) or Temporal thermometer (scanned across forehead) will be used.
2. Pulse: (Heartbeats per minute) Manual Peripheral pulse taken at the wrist and/or Apical pulse (auscultation with Stethoscope placed over hear area, left upper chest)
3. Blood Pressure: Manual Blood pressure will be taken with sphygmomanometer and stethoscope.
4. Respiration: (breaths per minute) Nurse will observe students breathing and regularity and count respirations for one minute. As clinical symptoms or concerns indicate, nurse will auscultate student's breath sounds utilizing stethoscope.
5. Pulse Oximetry (if available) may be used as a "5th vital sign" using a pulse oximeter (a digital devise placed on the finger, which shows a flashing light, waveform, or audible sound showing a reading of Oxygen saturation and heart rate). This may be used if available for student's or staff presenting with acute breathing difficulty. Readings are considered relative to the School nurse's or Nurse assistant's judgement and students clinical symptoms and concerns. Pulse oximetry readings less than 90% may indicate a need for emergency intervention as related to the student or staff's symptoms. **Nail polish, movement, temperature may provide an inaccurate reading. The flashing light, audible sound or waveform on the device can show how strong the signal is. The reading should be considered inaccurate if the signal is poor. Bright light may also affect the device. References: Pulse Oximetry for Safe Patient Care *https://opentextbc.ca/clinicalskills/chapter/5-2-pulse-oximetry-2/*

6. Pain Assessment – Students will be asked their pain level rating on a scale of 1 to 10. The Faces Scale which shows pictures of Faces in pain with numbers under each face will be used as indicated for elementary students or students with special needs. A numerical scale 1-10 will be used for students grades 4 and up who can understand the numerical rating concept.
7. For Students with diabetes a Glucometer provided by the student's parents will be used to record student's glucose (sugar) reading by fingerstick as needed for student's experiencing high or low sugar symptoms. Student's will also check a fingerstick glucose reading before meals as indicated by doctor's orders. For students who have a continuous glucose monitor (CGM) or sensor (Guardian or Dexcom) which is usually on their arm or abdomen, worn continuously; these students will come to nurse for alerts on their sensors and confirm with a fingerstick reading their sugar level. this sensor sends the glucose or sugar reading to their and/or their parent's cell phone by app. These student's will be permitted to use their cell phones in class for this purpose. It is not the school nurse's responsibility to monitor the student's glucose level continuously via CGM. Out of range levels will always be confirmed by a blood glucose fingerstick, in case the CGM is malfunctioning.
http://www.health/pa/gov/topics/Documents/School%20Health/2020%20School%20Health%Update%20March%2020.pdf When treatment is required for low sugar or insulin a fingerstick reading will be compared with Dexcom or Guardian sensor reading prior to treatment. The sensor reading may be used for bus check before leaving school for the day. If the student should have symptoms at the time of bus check at the end of the day or if an arrow showing down on the sensor for 120 or below reading, a fingerstick will also be done for comparison. When student's first have their Dexcom or Guardian at school, Technology department at the district needs to be contacted for a password and synchronization for WIFI within the school building where the student is located. If at any time the student is continuously not able to pick up a signal for wifi to the cell phone, contact the Technology department.

EMERGENCY GUIDELINES

IN A SERIOUS EMERGENCY (LIFE THREATING)

1. Anyone who has had training should take charge and render immediate first aid.
2. Activate Emergency Medical Services.
3. Call parent, school nurse and any other appropriate individual.

EXAMPLE: Airway obstruction, cardiac arrest, massive external bleeding, internal poisoning, skin and eye contact with corrosives, neck and back injury where there is possibility of cord injury, third degree burns over more than 10% of the body, snake or spider bites, heat stroke, heart seizure, insulin reaction with loss of consciousness, drowning, open chest and abdominal suicide, seizures lasing 10 minutes and longer in which an ambulance will be called.

WHERE MEDICAL CARE IS NEEDED WITHIN AN HOUR (Serious or Potentially Life Threatening Emergencies)

1. Emergency first aid (Refer to Emergency Guidelines/Standing Orders)
2. Notify school nurse.
3. Call parent and/or ambulance.

EXAMPLE: Dislocations or fractures, animal bites, second and third degree burns of the face or body, convulsions (not epileptic), penetrating eye injury, high fever, temporary loss of consciousness from injury, severe laceration, skin and eye contact with corrosives (lip acid), heat exhaustion, frostbite.

IMMEDIATE SIMPLE CARE NOT NEEDING IMMEDIATE MEDICAL ATTENTION (Non Life Threatening Emergencies)

1. Each student's problem should be assessed to determine level of management required.
2. Refer to first aide and emergency guidelines standing orders.
3. Contact the school nurse for specific advice.
4. Contact parent – advise to seek advice of family doctor if necessary.

EXAMPLE: Epileptic seizures, insulin reaction without loss of consciousness, fainting acute hysterical episodes, severe abdominal pain, fever over 100°, extreme malaise, suspicion of communicable disease, severe sprain, eye injury, all head injuries, hyperventilation, pregnancy, tooth aches, nosebleed.

MINOR PROBLEMS

1. First aide guidelines standing orders.
2. Contact parent, if necessary.

EXAMPLE: Abrasions, bruises, headache, small cuts, menstrual cramps, chapped lips, common colds, blisters, hiccups, splinters.

ACCIDENT REPORTS

When Medical Follow-up is Recommended

1. Accident report forms are available in nurses' office and individual building/school offices.
2. Student/employee accident report will be made on all students and teachers who are injured.
3. Report should be made by the school nurse, the teacher or individual in charge of student at time of the accident.
4. Student or individual should report an accident to the person in charge if it was not witnessed by a supervisory person.
5. The original report is sent to the Central Office and a copy is kept on file in the nurse's office for future reference.

LIFE THREATENING ALERGIES/BEE STINGS

1. Parents are responsible for obtaining the kit.
2. Physician's order is necessary.
3. Provisions for administration – school nurse when possible, students or designated Individual by the principal.
4. Kept in Nurse's office – clearly marked, person in charge of medication should be aware of it's storage. May be kept with child if absolutely necessary and ordered by physician to self carry. The medication should travel with the student on all field trips.

ANAPHYLAXIS POLICY

I Definitions

A. "Anaphylaxis" refers to a potentially fatal, acute allergic reaction to a substance (such as Stinging insects, foods, and medications) that is induced by an exposure to the substance. Manifestations of anaphylaxis may be cutaneous (such as hives, itchiness, swelling); (swelling of The tongue, throat, wheezing, difficulty breathing, low blood pressure); central nervous system (lethargy, coma); and others.

B. "Epinephrine auto-inject" refers to an "Epipen" or any other similar device that is used for the automatic injection of epinephrine into the human body to prevent anaphylaxis.

C. "Trained personnel" means a certified nurse-teacher or other school administrator or teacher who might be administering an epinephrine auto-injector in case of anaphylaxis and who has been trained and is competent in the administration of the epinephrine auto injector, which such training shall include (but not be limited to): signs and symptoms of anaphylactic shock; proper epinephrine auto injector storage (e.g., examining color, clarity and expiration date); proper epinephrine auto-injector dosage; proper epinephrine auto-injector administration; adverse reactions; accessing the "911" emergency medical system; and preparation for movement and transport of a student experiencing anaphylaxis.

II Management

A. Parents/legal guardians shall provide a physician's letter and a filled prescription (i.e., the epinephrine auto injector), notifying the school of the student's allergy and the need to administer the epinephrine auto-injector in a case of anaphylaxis.

B. Students may self-administer the epinephrine auto-injector in a case of anaphylaxis if there is medical authorization and parent/legal guardian consent on file for the student to do so.

C. Upon medical authorization the administration shall communicate the required medical information from the parent/guardian to the school nurse, teachers and food service workers. Transportation company workers will be informed of this medical situation if the parent/ guardians so authorize.

D. At all times, each school shall have available at least one person who is trained and competent in the administration of the epinephrine auto-injector, other than the school nurse.

E. Upon notification and medical identification of a student at risk for anaphylaxis, the school principal or his/her designee, in conjunction with a certified nurse-teacher and other trained personnel, shall develop an individualized emergency plan for such student.

F. In the event of anaphylaxis, a certified nurse-teacher or other trained personnel may administer an epinephrine auto-injector on a medically identified student when authorized by a parent/guardian, when ordered by a physician, and/or when anaphylaxis imminent. The

person rendering this care will not be liable for civil damages.

G. At regular intervals the certified nurse shall ensure tat the expiration date on all epinephrine auto-injects has not lapsed.

H. A personally-identified epinephrine auto-injector shall be used only upon the student for whom it was prescribed.

I. Immediately after administration of the epinephrine auto-injector, the emergency medical system ("911") shall be called, the student shall be transported promptly to an acute-care hospital for medical evaluation and follow up, and the student's parents/guardian shall be notified. If the epinephrine auto-injector has been administered by trained personnel other than the certified nurse-teacher, the certified nurse-teacher shall also be notified immediately.

III. Immunity from Liability

A. The provisions of 42 pa. C. S. SS 8332 (relating to emergency response provider and bystander good Samaritan civil immunity) and 8337.1 (relating to civil immunity of school officers or employees relating to emergency care, first aid and rescue) shall apply to a person who administers an epinephrine auto-injector pursuant to this section.

STUDENT CONFIDENTIALITY

STUDENT HEALTH CONCERNS

POLICY:

Student health concerns will be shared with all teachers involved in a confidential manner and kept in strict confidence. They will be shared only with those involved with the student on a need to know basis if the student's welfare and safety is at risk.

PROCEDURE

1. A copy of the emergency form will be obtained and kept by the homeroom teacher.
2. It is the responsibility of the teacher to obtain a copy of the emergency form prior to returning the original form to the nurse's office.
3. It is the responsibility of the teacher to make an appointment with the nurse to discuss health concerns. As per HIPPA guidelines, no written documentation regarding the student's health concerns will be submitted to the teacher by the nurse.
4. All emergency forms must be returned to the nurse by the end of the first full week of school. A list of names will be submitted to the nurse who will then follow-up with parents to obtain the record.

COMPLIANE POLICY/HEALTH FORMS

POLICY:

The school health office will be in compliance with the mandates of the Department of Health regarding the completion of all medical forms including emergency information.

PROCEDURE:

1. Parent/guardian will be informed of Department of Health mandates and necessary forms will be provided.
2. Reminders will be sent to those parents who have not returned the completed forms.
3. Notations will be made in the health record regarding all notifications sent regarding missing forms.
4. School administration (principal or Director of Pupil Services) will be provided with a list of all non-compliant individuals.

PHONE CONTACT

POLICY:

It is the responsibility of the parent/guardian to provide the school with current phone numbers for the health and safety of the student.

PRODEDURE:

1. Each child will be provided with an emergency form to be completed by the parent/guardian by the end of the first full week of school as per school district policy.
2. Any changes in phone contact information are the responsibility of the parent/ guardian to notify the school immediately of the change.
3. Any changes given to the teacher or office must be submitted to the nurse.

PROCDURES FOR REPORTING CHILD ABUSE

A teacher, school nurse, guidance counselor or principal are mandated reporters of suspected cases of child abuse/neglect. An oral/online report to the Children & Youth Services directly on Child Line followed by a written report within forty-eight (48) hours.

The following information is needed when making the report to the School Social Worker:

- the name of the subject of the reports
- the date or dates and the nature and extent of the alleged instances of suspected child abuse
- the home addresses of the subjects of the report
- the age of the children suspected of being abused
- the locality in which the suspected abuse occurred
- the names and addresses of the child and his/her parents or other person responsible for his/her care, if known
- the nature and extent of the suspected child abuse, including any evidence of prior abuse including any evidence of prior abuse to the child or his/her siblings
- all reasons why child abuse is suspected, including any admission of child abuse
- the name of the person or persons responsible for causing the suspected abuse
- the relationship of suspected abuser to abused child
- family composition
- the source of the report
- the person making the report and where she/he can be reached

School employees shall not contact the child's family or any other persons to determine the cause of the suspected abuse or neglect.

It is not the responsibility of school employees to prove that the child has not been abused or neglected or to determine whether the child is in need of protection.

CHILDLINE **1-800-932-0313**

WEBSITE **www.compass.state.pa.us/cwis**

AMBULANCE CALLS

POLICY:

In the even of an emergency, the decision to phone an ambulance will be based on the school nurse's certified professional opinion, or in the absence of the nurse, the principal or designee.

PROCEDURE:

1. The parent will be phoned immediately after calling the ambulance.
2. In the parent's absence, a school district representative will accompany the the student to the hospital. If a representative is not available, the Central Office will be called and a representative will be sent.

CHRONIC DISEASE MANAGEMENT

POLICY:

All student with chronic conditions will have documentation from the physician for management of their disease. The parent/guardian will assume responsibility of the student for any exacerbations of their disorder as determined by the school nurse's certified professional opinion.

PROCEDURE:

1. The parent will provide the school nurse with physician's orders and treatment plan at the start of each school year.
2. It is the responsibility of the parent to notify the school health office of any changes in the student's condition, physician's orders or treatment plan.
3. The parent guardian will be responsible for providing all medications, medical supplies and nutritional supplements needed to maintain optimal wellness in school.

NON-NURSING RESPONSIBILITIES

POLICY:

The nursing staff will be responsible for medical issues on that occur within school hours.

PROCEDURE:

1. The nurse will **NOT** be responsible for:
    a. Fixing eyeglasses.
    b. Ripped seams or buttons.
    c. Soiled clothing issues.
    d. All piercing issues.
    e. Chronic personal hygiene.
    f. Injuries that happen at home. Follow-up care of home injuries Must be accompanied by a physician's order.
    g. Tattoo care.

SCHOOL NURSE RESPONSIBILITY

POLICY:

The school nurse will not be held responsible for any health or safety related episodes in the building during his/her absence.

PRODEDURE:

1. The principal or designee will be responsible for contacting the parent in the absence of the nurse.

RECOMMENDED ABSENCE FROM SCHOOL

POLICY:

All students have the right to protection against all illness, infection, and communicable disease.

PROCEDURE:

1. Any student who complains of the following should not be sent to school:

    a. Fever in the last 24 hours.
    b. Vomiting in the last 12 hours.
    c. Unidentified rash.
    d. Chest discomfort.
    e. Respiratory distress.

2. No student will be allowed to ride the school bus and must be picked up by a parent or designated adult with the following:

    a. Fever at 100 degrees or more.
    b. Head lice.
    c. Dizziness.
    d. Any other condition or injury as determined by the school nurse's certified professional opinion.