



SCHOOL HEALTH SERVICES

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Our children are our future. What a wonderful gift we can give them if you as parents and we as a school staff can cooperate to make these years meaningful and healthful. School health regulations and expectations for personal daily hygiene promote a healthy and safe environment.

ABSENTEEISM

It is the responsibility of the parent to be sure their child is in school. **You must call your child's school in the morning if your child is going to be absent.** Excused and unexcused absences will be monitored monthly. If frequent absences begin to occur and an absence pattern forms, I will work closely with the Principal to address this concern. A school nurse home visit may need to be made to evaluate the student's health status.

Please inform the school nurse of any diseases or new immunizations that have not been previously reported to us so that we may keep the health records for your child up to date.

HEALTH SCREENINGS

VISION & HEARING - Grades K - 1 - 2 - 3 - 5 - 7

In the event a child's teacher or parent feels the child is having difficulty with vision or hearing, I will screen in any grade upon request. If a child fails a screening, you will be contacted and a recommendation for your child to be seen by your health care provider or eye doctor will be encouraged.

HEIGHT & WEIGHT to determine the BMI% - Grades K - 1 - 2 - 3 - 5 - 7. The body mass index (BMI) can help determine health status and disease risk.

HUMAN GROWTH & DEVELOPMENT classes are provided each spring in grades 4 - 7. Permission slips will be sent home prior to the classes.

ILLNESS / ACCIDENTS

We ask that children do not come to school ill. We do not have facilities to care for a sick child and discourage exposing our well children to illness. Occasionally a student becomes ill after arrival at school. We must have current contact information to reach you. Sick students must be picked up in a timely manner. You must have a back-up plan if you cannot leave work to pick up your child.

The school district does not provide accident insurance for students. Options for purchasing student insurance is available on our website: MSAD72.org - *Information* tab and *Public Forms and Reference*

CRITERIA USED TO DETERMINE DISMISSAL FROM SCHOOL*

It is impossible for me to be at each school every time a decision needs to be made regarding dismissing a student. School staff will follow my protocol for dismissal. It might be helpful to share this criteria with you so you will have a better understanding of it.

- 1.) A student with **obvious** signs of illness (extreme signs and symptoms of a head or chest cold; vomiting; fever, etc.) will be dismissed.
- 2.) A student with **no apparent** signs of illness (complain of a headache or stomach ache, etc., of short duration) will not be dismissed immediately. They will be asked to report back in a short time to be reassessed if necessary. In most cases, we find these students continue with the rest of their school day.
- 3.) If a student complains of an orthopedic injury (complaints of painful muscles, joints and bones) that has occurred at home* or at school, I am usually notified to make the assessments on these injuries, and determine if dismissal for doctor assessment is recommended.

If you send a student to school with concerns about their health status, it will be helpful if you give a call to the school or to me and let us know your concern. This helps us make a better decision regarding that student. If a student comes to the office and says he / she is supposed to call home if not feeling better, without a call from you, the above criteria will be followed. **Student cell phones are not to be used during school. Dismissal for illness needs to be done through the school nurse.*

CRITERIA USED FOR THE RETURN TO SCHOOL FROM ILLNESS

- 1.) If ill with vomiting and/or diarrhea, a student should stay home at least 48 hours after vomiting/diarrhea has ended.
- 2.) If ill with fever, a student should stay home at least 24 hours after there is no fever, without using fever-reducing drugs.
- 3.) If pink eye is confirmed and medication prescribed by a health care provider, the student should not return to school until they have received their eye medication for at least 24 hours.
- 4.) If a student is positive for strep, they will need to begin their antibiotic medicine and may come back to school after 48 hours of treatment with the antibiotic and if there has been no fever for the preceding 24 hours.
- 5.) A student diagnosed to have impetigo should not return to school until adequately treated for 24 hours, and lesions are no longer draining.

If a student's illness causes absences for 5 or more consecutive days, a doctor note may be requested for safety and reassurance that the student is well enough to return to school and safe for others to be around the returning student.

One of my roles as the District School Nurse is to send sick students home and keep healthy students in school. I want to help them form good health patterns that they can utilize throughout their life. If you have

any questions regarding the criteria that I utilize please contact me. The school staff have been directed to use my criteria so any questions or concerns should be directed to me.

Special Note: As part of our district plan to help promote health & wellness, Purell hand sanitizer dispensers are located at the entry areas of our school buildings. If your child has an allergy to Purell hand sanitizer please advise your child not to use these dispensers.

MEDICATION PROCEDURE

Administration of Medications at School - Medication Protocol

Administration of medications in the school setting is an important part of the health service offered to students. Offering this service allows many students to remain in school and participate fully in the educational process. The medications administered in schools may include:

- regular daily medications prescribed for students with acute or chronic health conditions
- emergency medications, such as those prescribed for allergic reactions, asthma, seizures and complications of diabetes
- medications prescribed on an “as needed” basis for pain or other mild symptoms (over-the-counter or prescription medications)

General Guidelines:

1. Medication administration at school is discouraged unless medically necessary for the student’s health, safety and optimal learning.
2. Whenever possible, medications should be given at home, before or after school.
3. The school nurse will provide direction and oversight for the administration of medication in the school.
4. It is the school nurse’s responsibility to clarify any medication order which she believes to be inappropriate or ambiguous. The school nurse has the right and responsibility to decline to administer a medication if she believes it jeopardizes student safety. In this case, the school nurse will notify the parent, the student’s health care provider and the school administrator.
5. All unlicensed school personnel who administer medication must be trained before receiving authorization to do so.
6. Before a medication is administered to a student there must be:
 - a. A current written permission from the parent/guardian for any medication administered to a student.
 - b. A school medication permission form will need to be completed for each student medication. This form will also include permission for the school nurse to contact and obtain needed information from the healthcare provider. The healthcare provider will be contacted whenever questions or concerns arise about specific information or training necessary to administer, monitor or evaluate.
 - c. A current written order from the prescribing health care provider for any prescription medication administered at school. The order must include the student’s name, the name of the medication, the dose, the route of administration, time intervals to be given, any special instructions, and the name of the prescribing licensed health care provider. A medication label that provides sufficient information may be used in lieu of a written order unless the medication is to be administered for more than 15 consecutive days.
 - d. Written parental permission forms and physician orders must be renewed at least annually. Physician orders must be renewed if there are changes in the order.

7. The first dose of a new medication must be administered at home where parents can monitor potential side effects and adverse reactions.
8. The parent/guardian assumes responsibility for informing the school principal, nurse or designee of any change in the student's health and medication needs.
9. Updated parental consent should be obtained for any changes in medication dosage and/or frequency, and the parent should request a new label from the pharmacy.
10. Medications must be received in a pharmacy or manufacturer-labeled container. The parent is encouraged to ask the pharmacist to divide the required prescription medication into two labeled containers, one for home use and one for school use.
11. Medications classified as scheduled or controlled substances (i.e. Ritalin), must be delivered by a parent/guardian or responsible adult designated by the parent to a medication trained school employee. No more than a one month supply of the medication is to be stored at school. The school nurse or medication trained school employee who is receiving the medication from a parent/guardian will document the quantity received. That person and the parent should agree and sign for the quantity delivered. Medications must be accompanied by parental written permission.
12. Injectable medication (i.e., EpiPens, Insulin & Glucagon) not to be self-administered by the student must also be delivered by the parent/guardian or responsible adult designated by the parent to a medication trained school employee. Medications must be accompanied by parental written permission.
13. Prescription medications must be delivered by the parent/guardian or responsible adult designated by the parent to a medication trained school employee. Medications must be accompanied by parental written permission.
14. For over the counter medications, a parent/guardian or responsible adult designated by the parent should ideally deliver all medications to a medication trained school employee. In extenuating circumstances, the medication may be delivered by the student with advance notification by the parent. Medications must be accompanied by parental written permission.
15. Students may possess and self-administer emergency medication of an inhaled asthma medication or an epinephrine auto-injector under the following conditions:
 - a. Written approval is received from the student's health care provider stating that the student has the knowledge and skills to safely possess and use an inhaled asthma medication or an epinephrine auto-injector.
 - b. Written approval is received from the parent indicating that his/her child may carry and self-administer the medication.
 - c. The student demonstrates to the school nurse their ability to properly and responsibly carry and use the inhaled asthma medication or epinephrine auto-injector.
16. Medications that are out of date or have been discontinued should be picked up by the parent/guardian. All medications should be picked up at the end of each school year. Parental notifications will be sent home at these times.
17. When medication is not picked up after parental notification, they will be destroyed by the school nurse and that process should be documented. The destruction of a controlled substance will be witnessed and documented.

