

VI. SCHOOL HEALTH SERVICES PROGRAM

A. *The Standards for Accreditation, Arkansas Public Schools* state the following:

1. Each school district shall have a health services program under the direction of a licensed nurse. The program shall include screening, referral and follow-up procedures for all students.
2. Each school shall provide facilities, equipment and materials necessary for operation of a school health services program.
3. The school health services program shall provide and maintain current health appraisal records for all students in accordance with guidelines developed by the State Department of Education.
4. Each school shall take proper measures to insure the safety of its students and protect against injuries which may occur in or on the school facilities or site.

B. Nurse/Pupil Ratio

Act 1106 of March 1991 establishes guidelines for an appropriate school nurse to student ratio. The General Assembly determined that a ratio to effectively meet the health care needs of children.

All school districts beginning with the 1994-95 school year should have no less than one full-time school nurse per one thousand students.

In districts having a high concentration of children with handicapping conditions as determined by the State Board of Education, the ratio of school nurses to students should be one to four hundred in those schools so designated. If a district provides a center for profoundly handicapped students the ratio should be one nurse per one hundred twenty-five students at the center.

It has been determined that a school nurse shall mean the equivalent of a licensed nurse engaging in school nursing activities. School nurses may be employed by the local school districts or provided by contract or agreement with other agencies or individuals provided that the prescribed ratio and equivalency are maintained.

C. Immunization

ACT 244 OF 1967 AND ACT 633 OF 1973

1. No child shall be admitted to a public or private school of the this state who has not been immunized from poliomyelitis, diphtheria, tetanus, pertussis, red (rubeola) measles, and rubella as evidenced by a certificate of a licensed physician or a public health

department official acknowledging the immunization.

2. The responsibility for the enforcement of this section rests equally with each school district of this state and the parent of guardian of the pupil, and each of them shall be separately and individually liable for permitting any violation of this section.
3. The State Board of Education, after having consulted with the State Board of Health, shall promulgate appropriate rules and regulations; for the enforcement of this section by school boards superintendents, and principals, and any school official, parent or guardian violating the regulations shall be subject to penalties imposed herein.
4. If, in the discretion of the health authority having jurisdiction or any physician licensed to practice by the Arkansas State Medical Board, any person whom this section applies shall be deemed to have a physical disability which may contraindicate vaccination, a certificate to that effect issued by the health officer may be accepted in lieu of a certificate of vaccination, provided that the exemption shall not apply when the disability shall have been removed.
5. Any person found guilty of violating the provisions of this section or the regulations promulgated by the State Board of Education for the enforcement hereof shall be guilty of a misdemeanor.
6. The provisions of this section shall not apply if the parents or legal guardian of that child object thereto on the grounds that such immunization conflicts with the practices of a recognized church or religious denomination of which the parent or guardian is an adherent or member. Furthermore, the provisions of this section requiring pertussis vaccination shall not apply to any child with a sibling, either whole blood or half blood, who has had a serious adverse reaction to the pertussis antigen which reaction resulted in total permanent disability. (SLA 88)

D. Other States and Statements of Immunization

Certificates of immunization from other states and statements received from private physicians may be accepted as proof of immunization if they meet all of the following criteria:

1. The child's birthdate and name are recorded.

2. The certificate or statement specifies the number of doses of each vaccine the child has received. The number specified, of course, must meet the minimum Arkansas requirements for each vaccine.
3. At least one date for each vaccine entity is recorded, so that school officials can determine whether the last dose of polio, DTP, TD, and/or DT was administered after the fourth birthday and whether the measles and rubella vaccines were administered after the first birthday.
4. The certificate or statement includes the physician's or clinic name, authorized medical signature, and date of issuance.

Our preference is for documentation to consist of full dates for each inoculation given; however, with incomplete certificates, this criteria will permit school officials to determine that a student is in compliance with the Arkansas School Immunization Law. Direct questions regarding immunizations to: Arkansas Department of Health, 1-800-482-5400.

E. Responsibility of the School Nurse

The school nurse should have physical, mental, social, emotional, and value-making capabilities as well as the professional nursing and other educational preparations to adequately perform in the following areas:

1. To appraise and identify the health needs of students and other school personnel through planning and administering recommended screening tests such as vision, hearing, and scoliosis.
2. To encourage the correction of remedial defects by working with parents, teachers, and community agencies.
3. To work with administrators, teachers, and other school personnel to modify the school environment and curriculum for children with health problems.
4. To provide health counseling to students, parents, and school personnel.
5. To assume responsibility for the care of the sick and injured in keeping with school policy.
6. To assist in planning and participate in pilot projects concerned with health education and service to the schools.
7. To maintain adequate and up-to-date health records.

8. To serve as a resource person to school and community in health education including, but not limited to, physical, emotional, personal and social, and consumer health and safety.
9. To present health education both informally by means of bulletin boards and opportune teaching moments and formally in the classroom when necessary.
10. To recommend changes in the environment to reduce health and safety hazards.
11. To review and evaluate his/her own job performance and professional development.
12. To evaluate the nursing aspects of the school health program.

F. School Health Service Unit

In Dermott schools, space is allocated for delivering needed school health services. The size, location, special features, supplies and equipment, and suggested plans for the school health unit should be carefully considered.

1. Purposes of the School Health Service Unit

The health service unit should be planned with very definite purposes in mind. The purposes vary in schools according to whether the school is large or small, elementary or secondary. The primary purposes for which this unit should be used are as follows:

- A. As an emergency center for the administration of first aid to school children and personal and proper care of accident victims until they are removed from school;
- B. As an emergency center for the care of children becoming ill during the school day until they can be placed under their parents care or returned to class;
- C. As a center where children with suspected communicable diseases can be cared for and separated from others until arrangements can be made for the parent or guardian to pick up the student;
- D. As a place for those who, because of health conditions, require on their physicians recommendations a rest period at school during the school day;
- E. As a center where first aid and other supplies and equipment may be placed and kept in readiness at all times for use in rendering other services to children at school;

- F. As a work area for the nurse to inspect pupils referred to the nurse;
- G. As a place where vision, hearing and other screening procedures including the measurements of pupil's height and weight, may be carried out;
- H. As a work center for school health personnel and as an area where children awaiting health services can be accommodated; and
- I. As a center where records and other information are stored.

2. Size of the School Health Services Unit: In planning the size of the health service unit, one should consider the space necessary for services that may be provided; the number of people who may be served; and the prospect of increased enrollment.

3. Location of the Health Service Unit: It is recommended that the health service unit be located near the administrative unit so that files and records connected with health services may be available to those concerned with health guidance and counseling. It is also suggested that the unit be located in a quiet area near the administrative suite so that close supervision of the unit can be maintained. Accessibility to toilet and lavatory facilities and arrangement for windows to provide natural light and ventilation should be considered.

G. Responsibilities of the School

Every school should establish workable policies to assure its pupils of the following:

- 1. Healthful living conditions at school.
- 2. Appropriate health and safety instructions;
- 3. Adequate services for health protection and improvement; and
- 4. Special educational opportunities for children with handicaps.

Formulation these policies is the responsibility of the school administrators and school board. To promote understanding and cooperation in the community, representatives of the PTA, local medical society, and other interested groups should be involved. The school nurse should always be included in the planning.

Plans, when adopted, should be written and circulated to school personnel. There must be provisions for administering policies and acquainting parents and others concerned with them.

Plans should be based on the following fundamental concepts:

1. **No medication should be given by any school personnel, including the nurse, without a written release form; and prescription medication should be accompanied by written orders from a physician.**
2. The school is responsible for the emergency handling of accidents and sudden illness occurring on school property or during school-sponsored activities.
3. The school has the obligation to provide adequate facilities and properly trained personnel to the end that in emergencies, lives may be saved, further injury prevented, and pain alleviated as far as possible.
4. An emergency card should be filled out on each student at the time of enrollment and/or annually in September. This card should include name of parent/guardian, alternative responsible relative or friend, and family physician. Addresses and telephone numbers should be included for everyone listed. The card could also include an explanation for the parent/guardian of school policy.
5. At the time of an emergency, the school has the responsibility for:
 - a. Caring for the child; and
 - b. Notifying the child's parents/guardian; or
 - c. Following the instructions given on the child's emergency card.
 - d. In some emergency cases, getting the child under professional care with or without family's permission.
6. In the absence of family transportation or ambulance service, the school may have to transport the sick or injured child to his/her home, physician's office, or hospital. A sick or injured child should be accompanied from the school by an adult. If the destination is the child's home, the adult should have ascertained that a responsible person is at home to receive the child.
7. In the case of any serious injury or illness, the parent or responsible person should always be notified as soon as possible,

but emergency care of the child is priority.

8. Each school should have readily available the book *Standard American Red Cross First Aid*.
9. Local medical authorities should be consulted at the time the school's plans are being developed.
10. If another child is involved in causing the accident, it is recommended that the parents of the offending child be notified of the incident.
11. If child abuse is suspected, the procedures established by the school district should be followed.

Health Services at the Dermott School District are provided and coordinated by the District Health Nurse with services available on all campuses.