

Perry County School District #32

Health Services Manual 2021-2023

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Perry County District #32 Health Services Manual

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OBJECTIVES

To appraise the health status of students and school personnel.

To counsel students, parents, and staff personnel in health matters.

To educate and provide information on student health concerns, to appropriate staff members.

To encourage the correction of remediable defects.

To help prevent or control the spread of communicable diseases.

To provide care for ill or injured students, staff and visitors.

To promote health education.

To maintain accurate and complete health records for all students.

To administer medications as ordered by the physician.

To provide health screening, send referrals and document follow-up care.

To monitor compliance with State of Missouri immunization laws.

To serve as a liaison between personnel, family, community and health care providers regarding healthcare issues/needs.

To complete Missouri State reports as reports.

To develop and review health office policies and procedures.

Mission Statement

The school nurse assists children and youth in developing their full potential in health and education. Although the major responsibility for teaching children is assumed by the teaching staff, the school nurse provides supportive professional and specialized health services for the school staff and the children. The basic goals and objectives of the School Health office are to improve, protect, and maintain the health status of school children to ensure that each student is in the best state health possible in order to maximize the benefits from the educational experiences offered in the school setting.

PREFACE

All students in Perryville Public Schools must be provided the opportunity to develop to their fullest potential. Good health is basic to this development. This handbook contains the concepts and guidelines for implementing and maintaining the school health program.

Philosophies and recommendations of the following agencies were used as resources in the preparation of this publication:

Missouri State Department of Education

Missouri Department of Health and Senior Services

Missouri Association of School Nurses

American School Health Association

Center for Disease Control

United States Environmental Protection Agency

Perry County Health Department

SCHOOL YEAR PLAN

AUGUST: School nurses participate in pre-school students' evaluation process.
Participate and/or complete summary of screening information, as needed throughout the school year for IEP.
Notify teachers of known health problems/concerns, ongoing throughout the year, in each building.
Distribute master memo lists to those identified as needing the information, in each building, cafeteria, and transportation.
Update files; evaluate immunization status, throughout the school year.
Cumulative health records made on all new incoming students.
Record physicals on cumulative health records; ongoing throughout the year
Set up times to teach, "CPR in School," class with health teachers in high school.
Set up dates for any outside dental programs for primary and elementary.
If no programs are available, provide educational information to teachers.

SEPTEMBER: Conduct vision and hearing screening at Primary (kindergarten and 1st grade) and elementary (3rd grade and with vision only in 5th grade).
Conduct vision and hearing in middle school- 6th grade hearing and 7th grade vision.
Conduct vision/hearing screening at the high school on Freshman
Implement IHP's special health care students, as needed throughout the year.
Evaluate and update Health Services Manual, every 2 years.
Verify seniors that have not had, "CPR in School," class and set date to complete course.

OCTOBER: Continue vision and hearing screening/referral process.
Complete immunization report and submit to Jefferson City by October 15.

NOVEMBER: Finish vision/hearing screening referrals at all levels.
Record results of vision/hearing screening.
Implement hand washing education at the primary, as needed

DECEMBER: Mail vision/hearing referrals to parents.

JANUARY: Gather requisition data for the following school year.

FEBRUARY: Enroll incoming outlying students for upcoming students in ninth grade.

MARCH: Verify that all dates for CPR in schools have been placed on all seniors.
Transcripts.

APRIL: Kindergarten registration.
Compile Master Memo list for new school year.
Assemble medication letters for the upcoming school year.

MAY: Complete Master Memo list for the following school year.
Inventory of all offices.
Submit the accident report to the supervisor.
Submit the statistical report to the supervisor and information to the state.
Update senior records: send to the Senior High Office.
Forward all cumulative health records.
Submit requisitions to individual supervisors.

Program Descriptions

1. All new students to the district, it is a recommended practice to have a school physical exam on file in the nursing office.
2. Vision screening for kindergarten and all odd numbered grades (except grade 11) is done yearly and recorded. Retesting and referrals are done by the nurse as needed.
3. Hearing screening of Kindergarten, first, third, sixth, and ninth grade is done.
4. CPR In Schools, class will be conducted per state law for all students graduating 2018 and after. The date of CPR In Schools education will be placed on the transcript.
5. A maturation program will be presented to all students in grade four as well as some third grade students if deemed advisable by the staff.
6. Kindergarten registration is held yearly in the spring. Health information is obtained, physical examination forms distributed, and records are made for each prospective student.
7. The Master Memo list is prepared in the spring of the year for the upcoming school year. This list is distributed to all teachers and staff (on a need to know basis) to inform them of specific health problems of students.
8. Additional or repeated evaluation of any student will be done by the nurse on request of an administrator, parent, or at the direction of the nurse.
9. Handwashing education will be made available to teachers in the primary center.

10. Programs will be developed as needed for any issues that arise during the school year.

11. If abuse and neglect is suspected nurse/nursing staff are mandated reporters and a hotline call will be made to the Children's Division Child Abuse & Neglect Hotline unit. If someone else suspects abuse/neglect they are to make the hotline call (yearly videos).

GUIDELINES FOR TEACHERS TO REFER STUDENTS TO THE SCHOOL NURSE

(This list is a guide-not all inclusive)

1. INJURIES

- a. All head injuries
- b. All eye injuries
- c. Bone/joint injuries-with deformity noted and/or limited
- d. Skin injuries-especially ones that are deep and/or large

2. OBSERVATIONS

- a. Sleepiness or listlessness
- b. Irritability
- c. Red and/or discharge from eyes
- d. Difficulty breathing: Asthma
- e. Coughing
- f. Ear discharge
- g. Flushed face (possible fever)
- h. Pallor
- i. Rash
- j. Insect bites
- k. Swollen neck glands
- l. Nosebleed
- m. Fainting; Seizures
- n. Student who has returned too soon after a communicable disease.
- o. Medications
- p. Itching head
- q. Any change or concern with student that staff feels needs more observation, education, or evaluation

3. STUDENT COMPLAINTS

- a. Headache
- b. Nausea/vomiting
- c. Sore throat

- d. Earache
- e. Abdominal pain
- f. Dizziness
- g. Diarrhea
- h. Chest pain

4. OTHER CONDITIONS THAT MAY NEED REFERRAL TO PHYSICIAN

- a. Frequent absences
- b. Hyperactivity/ Focus issues
- c. Vision problems
- d. Hearing problems
- e. Problems with posture and/or ambulation
- f. Any concerns the nurse deems a MD evaluation is needed

OFFICE PROCEDURES

1. Cumulative health records are maintained for all students and filed in the health office.
2. When a student transfers or graduates, the health record is filed in the students permanent record at the respective building level.
3. All students sent to the health office must have a nurse form completed by the teacher, except in a severe emergency. Students will not be admitted to the health office without the form.
4. Emergency information forms for all students are filed in the health office student files. Parents are requested to complete a new form each school year.
5. When illness or injury occurs at school, parents are contacted, and the student is sent home or to the doctor at the discretion of the nurse. No student is allowed to drive a car or walk home without the approval of the parent, or other adult as indicated on paperwork and/or administrator.
6. When a student is sent home by the nurse, the parent or other individual (per listing on health form or specified by parent), who picks up the student will sign the health form indicating they are taking charge of the student. The form is then sent to the respective principal's office.
7. Procedure for accidents requiring medical treatment by a doctor.
 - a. Initiate proper first aid treatment.
 - b. Notify parent or alternate, if parent cannot be reached.
 - c. Contact family physician/emergency room/ambulance, if required.
 - d. Arrange transportation for injured student.
 - e. Notify the principal's office, they will then notify the board office.
 - f. Initiate accident report form.
8. When it becomes necessary for a student to seek medical care outside of the health services office, for an accident, an accident form will be initiated by the nurse. It will then be sent to the teacher or person in charge at the time of the accident. A summary of accidents will be submitted at the end of the school year to the director of health services.

9. Prescription medications will be given by the nurse per written request by a physician, along with a parent signature. A verbal order by the physician may be accepted, if followed by a written order.

10. Over the counter medications will be given by the nurse with verbal and/ or written parental permission.

HEALTH EDUCATION

1. A maturation film and literature are presented to grade four students annually.
2. The health services staff is available for specific health education talks to classes at the request of teachers.
3. Educational programs on hygiene are presented, (by an outside source when available). The programs may include a YouTube video and distribution of supplies as available.
4. CPR in Schools will be conducted in high school Health classes. All students not having this class will have arrangements made to have the program taught. All seniors must have CPR instruction class to graduate (starting with the 2018 graduation class) per Missouri law. This is NOT a CPR certification course.
5. CPR and/or First Aid education will be provided to any staff in the school district, if required for position and/or as requested.
6. Working with teaching the staff on resources and educational materials on vaping.

STUDENT HEALTH SERVICES AND REQUIREMENTS

The Board of Education supports the health and physical well-being of students by establishing a districtwide coordinated student health services program. The district nursing staff has oversight of the coordinated student health services program.

Nurses employed to staff the health services program shall serve under the direction of the superintendent or designee and, to the extent required by law, under the supervision of a physician or registered nurse, who may be offsite. The nurse or designee will be responsible for all notifications to parents/guardians regarding health services. The services provided by the nursing staff will include:

1. Administration of laws that protect the health of children attending public schools in Missouri, including:
 - a. Ensuring compliance with immunization requirements.
 - b. Excluding students who have contagious diseases from attendance when authorized by law.
 - c. Reporting the presence or suspected presence of diseases mandated for reporting by law.
2. Emergency first aid treatment for injury or illness occurring during the school day.
3. The administration of medication, including emergency medications stocked by the district, pursuant to Board policy.
4. Assistance in carrying out the district's responsibilities outlined in Section 504 plans, individualized health plans (IHPs) or individualized education programs (IEPs).
5. Guidance and counseling concerning health problems of students.
6. Maintenance of student health records, including the maintenance of emergency information forms for each student. The nurse will store health records in a secure location, and any health information provided to the nurse orally will be reduced to writing and stored appropriately. The superintendent or designee shall have access to

student health records when there is a legitimate educational purpose or access is necessary to supervise staff. District employees shall not share information regarding a student's health in front of other students or staff members who do not have a need to know the information. Student records will be stored and disclosed in accordance with Board policy.

7. Age-appropriate health education in the district's instructional program, in accordance with Missouri School Improvement Program (MSIP) Standards and Missouri Grade-Level Expectations (GLEs), including information about the prevention and control of communicable diseases, the use of standard precautions when handling bodily fluids, allergy prevention and response, diabetes, asthma and other chronic conditions. The nurse will maintain information developed by the Missouri Department of Health and Senior Services (DHSS) relating to human papillomavirus (HPV) and may provide this information directly to parents/guardians but not to students. The nurse will also provide parents/guardians and students information that is produced by or similar to information produced by the Centers for Disease Control and Prevention on influenza and influenza vaccinations.

8. Screening for health conditions in accordance with Board policy and administrative procedures.

9. Notification of the school principal if informed of a condition that could require accommodation under federal law.

10. Sharing information with parents/guardians about publicly available health insurance options for students.

11. Development and annual review of a Health Services Plan.

12. Training staff as necessary to implement the district's health and safety program.

13. Such other services as assigned by the supervising principal or superintendent.

Contraceptives

The district and its agents may not provide contraceptive devices or contraceptive drugs. Referral to the family practitioner for such devices or drugs will be made only in accordance with the parental notification checklist requirements of state law.

Physical Examinations and Screenings

"Screening" is the use of a procedure to examine a large population to determine the presence of a health condition or risk factor in order to identify those who need further evaluation. Screening tests for various health conditions (such as vision and hearing) will be conducted in accordance

with administrative procedures. Subject to a written agreement, the district may solicit or permit an outside entity to assist with student health screening. The agreement will include a provision requiring the entity to turn over all records collected during the screening, destroy the information after providing it to the district, keep all student information confidential and hold the district harmless for the entity's actions. The superintendent or designee may contact the district's attorney for assistance in drafting the agreement.

Parents/Guardians will receive a written notice of any screening result that indicates a condition that might interfere with a student's academic progress or health.

In general, the school district will not conduct physical examinations of a student without parental consent unless the health or safety of the student or others is in question or unless by court order.

Further, parents/guardians will be notified of the specific or approximate dates during the school year when any nonemergency, invasive physical examination or screening administered by the district is conducted that is:

1. Required as a condition of attendance.
2. Administered by the school and scheduled by the school in advance.
3. Not necessary to protect the immediate health and safety of the student or other students.

As used in this policy, the term "invasive physical examination" means any medical examination that involves the exposure of private body parts or any act during such examination that includes incision, insertion or injection into the body, but does not include a hearing, vision, head lice or scoliosis screening.

Parents/Guardians or eligible students will be given the opportunity to opt out of the above-described nonemergency, invasive physical examination or screening.

Students who wish to participate in certain extracurricular activities may be required to submit to a physical examination to verify their ability to participate in the activity. Students participating in activities governed by the Missouri State High School Activities Association (MSHSAA) will be required to follow the rules of that organization.

All parents/guardians will be notified at least at the beginning of the school year of the district's policy on physical examinations and screening of students. Parents/Guardians will also be notified within a reasonable period of time after any substantive change in the policy.



**Perry County School District #32
Annual Health Office Emergency Form
Mandatory Completion
Must be Completed by Parent/Guardian**

First _____ Middle _____ Last _____ Grade _____

Birth Date _____ M/F _____ **Please submit any new immunizations to the health office.**

* A physical is recommended- However, students must have one if playing sports- please contact coach

HISTORY/MEDICAL DIAGNOSES - CHECK THOSE THAT APPLY AND SPECIFY ON LINES PROVIDED

Asthma Diabetes ADHD/ADD Autism Seizure Disorder

Emotional/Behavioral _____ Hearing/Vision Deficits _____

Heart/Lung _____

Allergies- Specify Food/Other: _____

* Submit Medical Statement for Student Requiring Special Meals Form for omissions/substitutions

Other History/Medical Diagnoses _____

* Medical diagnoses which impact your child's health/safety during the school day and/or require accommodations will need additional care plans - contact the Special Services Office - ext 352

Will your child take any **prescription** medications at school? **Yes** _____ **No** _____

* Any medication administered at school (including SELF administered/carry) requires additional completion of district forms with written authorization from parent and physician for prescription medications.

Do you permit the nurse/trained staff to administer any **over the counter** medications (examples: Tylenol, Ibuprofen, Zyrtec etc.) for minor healthcare needs according to bottle instructions? **Yes** _____ **No** _____

*If YES but you do not permit a **certain** OTC medication or your child is **allergic** to any OTC medication please list it/them here: _____

*If NO your child will not receive over the counter medications for minor healthcare needs while at school.

NOTICE OF AGREEMENT - To ensure safe care of my child, pertinent health information may be shared with appropriate school staff on a need to know basis. I agree to alert the school nurse of any change in medication or health status/concerns of my child. I understand that basic first aid, with over the counter supplies (bandaids, triple antibiotic ointment), will be used to treat minor issues and provide a prompt return to class. Emergency care will be provided as needed by school staff.

I acknowledge that the above information is true and correct.

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY CONTACTS/ALLOWED TO LEAVE

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

*** Please request additional indicated forms if needed ***

Student Medical Physical Examinations & Forms

Physical exams are **requested** for all students new to the District and all students entering Kindergarten. Physical exams are **required** for all students in the Little Pirates Learning Program. These students will be required to have a physical exam signed by a physician or nurse practitioner within 30 days from the date the student entered the program. Physical exam forms from the physician's office may be used.

Students participating in sports are **required by MSHSAA** to have a physical exam signed by a physician or nurse practitioner every two years, on the MSHSAA required form, before they may participate. If a student is transferring from another school they may provide their physician/nurse practitioner signed form from their prior school. The athletes must use the specific form linked below from MSHSAA.

https://www.mshsaa.org/resources/pdf/PreParticipationPhysicalEvaluation_1617.pdf

Illness and Injury Response and Prevention: Policy EBBA

Adopted- 07/19/2017

Revised- 01/08/2020

The Board expects district staff to appropriately assist any individual who is injured or becomes ill while on district property, on district transportation or attending a district activity. Such assistance may include providing first aid or emergency treatment if the staff member is trained to do so or contacting emergency medical services when appropriate.

Liability

In accordance with law, any qualified employee will be held harmless and immune from civil liability for administering emergency medications, cardiopulmonary resuscitation (CPR) or other life saving methods in good faith and according to standard medical practice. A qualified employee is one who has been trained to administer medication or medical services according to standard medical practice. Procedures for handling emergencies will be established and distributed in each school building.

Training

The Board encourages the superintendent or designee to provide employees training in first aid and emergency treatment, particularly in buildings where there are medically fragile students.

The superintendent or designee, in consultation with the school nurse, is authorized to implement a program to train students and employees in CPR and other lifesaving methods. CPR instruction will be provided to students in grades 9–12 as required by law.

Incident Reports

Employees must report all work-related injuries and illnesses to their supervisor immediately and will be required to provide the details of the injury or illness in writing. Staff who witness any injury or observe the onset of a serious illness on district property, on district transportation or at a district activity will prepare a written incident report on the incident report form available in each building. A copy of the incident report form will be filed with the appropriate designee as soon after witnessing the event as possible.

The superintendent is charged with providing the Board periodic statistical reports on the number and types of injuries occurring on district property or at district activities as well as information on individual accidents or injuries when Board action on the matter is required.

Protective Equipment

The superintendent or designee will continuously review job descriptions and district activities to improve safety in the district. The district will provide protective equipment when it is required by law or when it is determined by the superintendent or designee to be necessary to maintain district safety standards. In accordance with law, students, staff and visitors must wear eye protective devices in vocational, technical and industrial arts courses and laboratories involving chemicals, welding, construction, vehicle repair or other activities as designated by the district. When protective equipment is provided, all persons are required to use the equipment as directed. Failure to do so will result in disciplinary action, including removal from school property or the activity requiring protective gear.

* * * * *

Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.

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Version: [EBBA-C.1F]

Policy Reference Disclaimer:

These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

§167.621, .624, .630, .635, §170.005,.310, RSMo

Cross References

Code	Description
GBEA	<u>WORKERS' COMPENSATION</u>
GBEBA	<u>DRUG-FREE WORKPLACE</u>
JFCA	<u>STUDENT DRESS CODE</u>
JHC	<u>STUDENT HEALTH SERVICES AND REQUIREMENTS</u>

JHCD

ADMINISTRATION OF MEDICATIONS TO STUDENTS

JHCD-AP(1)

ADMINISTRATION OF MEDICATIONS TO STUDENTS

JHCF

STUDENT ALLERGY PREVENTION AND RESPONSE

Communicable Diseases: Policy EBB

Adopted-07/19/2017

The Perry County School District School Board recognizes its responsibility to protect the health of students and employees from the risks posed by communicable diseases. The Board also has a responsibility to protect individual privacy, educate all students regardless of medical condition and treat students and employees in a nondiscriminatory manner.

Immunization

In accordance with law, students cannot attend school without providing satisfactory evidence of immunization, unless they are exempted from immunization.

Universal Precautions

The district requires all staff to routinely employ universal precautions to prevent exposure to disease-causing organisms. The district will provide the necessary equipment and supplies to implement universal precautions.

Categories of Potential Risk

Students or employees with communicable diseases that pose a risk of transmission in school or at school activities (such as, but not limited to, chicken pox, influenza and conjunctivitis) will be managed as required by law and in accordance with guidelines provided by the Department of Health and Senior Services (DHSS) and local county or city health departments. Such management may include, but is not limited to, exclusion from school or reassignment as needed for the health and safety of students and staff.

Students or employees infected with chronic communicable diseases that do *not* pose a risk of transmission in school or at school activities (such as, but not limited to, hepatitis B virus or HIV) shall be allowed to attend school or continue to work without any restrictions based solely on the infection. The district will not require any medical evaluations or tests for such diseases.

Exceptional Situations

There are certain specific types of conditions, such as frequent bleeding episodes or uncoverable, oozing, skin lesions that could potentially be associated with transmission of both bloodborne and non bloodborne pathogens. In the case of students, certain types of behaviors, such as biting or scratching, may also be associated with transmission of pathogens.

Students who exhibit such behaviors or conditions may be educated in an alternative educational setting or, if appropriate, disciplined in accordance with the discipline code. In the case of a student with a disability, the Individualized Education Program (IEP) team or 504 team will make any change of placement decisions.

Employees who exhibit such conditions will not be allowed to work until the condition is resolved or appropriately controlled in a way that minimizes exposure.

Confidentiality

The superintendent or designee shall ensure that confidential student and employee information is protected in accordance with law. Medical information about an individual, including an individual with HIV, will only be shared with district employees who have a reasonable need to know the identity of the individual in order to provide proper health care or educational services. Examples of people who may need to know a student's medical information are the school nurse and the IEP or 504 team if applicable. An example of an individual who may need to know an employee's medical information is the employee's immediate supervisor, if accommodations are necessary.

All medical records will be maintained in accordance with law and Board policy. Breach of confidentiality may result in disciplinary action, including termination.

Reporting and Disease Outbreak Control

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

Notification

Missouri state law provides that superintendents who supply a copy of this policy, adopted by the district Board of Education, to DHSS shall be entitled to confidential notice of the identity of any district student reported to DHSS as HIV-infected and known to be enrolled in the district. Missouri law also requires the parent or guardian to provide such notice to the superintendent.

* * * * *

Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.

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State

§§ 191.650-.695, RSMo. §167.181,.183,.191, RSMo §210.003, RSMo.
19 C.S.R. 20-20.010 - .060 19 C.S.R. 20-28.010

Federal	Description
20 U.S.C. § 1400-1417	<u>Individuals with Disabilities Education Act</u>
29 U.S.C. § 794	<u>Section 504 of the Rehabilitation Act of 1973</u>
42 U.S.C. §§ 12101-12213	<u>Americans with Disabilities Act</u>

Cross References

Code	Description
GBE	<u>STAFF HEALTH AND SAFETY</u>
JHC	<u>STUDENT HEALTH SERVICES AND REQUIREMENTS</u>
JHCD	<u>ADMINISTRATION OF MEDICATIONS TO STUDENTS</u>
JHCD-AP(1)	<u>ADMINISTRATION OF MEDICATIONS TO STUDENTS</u>

Resources for Communicable Disease

Information for Specific Communicable Diseases

<https://health.mo.gov/living/healthcondiseases/communicable/>

- Chickenpox / Shingles
- Ending the HIV Epidemic (EHE)
- Hepatitis B
- Hepatitis C
- HIV / AIDS
- HIV / STDs / Hepatitis
- Influenza
- Mumps
- Pink Eye
- Pertussis
- Rabies
- Tick-Borne Disease
- Tuberculosis
- Viral Hepatitis
- West Nile Virus

Coronavirus- CoVid- 19

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- Symptoms
- Testing
- Quarantine
- Travel
- About Covid19
- Latest Updates
- Health
- Vaccines
- Cases/Data
- Work/School
- Healthcare
- Labs
- HealthDepartment
- More

*Please visit our school website for more information and up to date guidelines and procedures for Coronavirus.

<https://www.perryville.k12.mo.us/o/district-32/page/coronavirus-covid-19-resources--2>

Missouri School Board Association Information to Schools on Covid Pandemic

<https://www.mosba.org/2020/04/05/msba-resources-for-the-covid-19-pandemic-2/>

- Pandemic Recovery Consideration
- Reopening Guidance
- Guidance for Board Members and Meetings
- Personal Guidance
- State Orders and Waivers
- Legal Resources
- Health and Safety
- Online learning and working
- Other

Other Resources

National Association of School Nurses

<https://www.nasn.org/home>

<https://www.nasn.org/nasn-resources/practice-topics>

- Allergies and Anaphylaxis
- Asthma
- Childhood Obesity
- Chronic Health Conditions
- Covid-19
- Cultural Competency
- Diabetes in Children
- Disaster Preparedness
- Drugs of Abuse
- Environmental Health
- Head lice
- Immunizations
- Mental Health
- Oral Health
- School Wellness
- Seasonal Influenza
- Sexual/Reproductive Health
- Violence in Schools
- Vision/Eye Health

Perry County Health Department

<https://www.perrycountyhealth.com/>

573-547-6564

Missouri Department of Health and Senior Services (DHSS)

<https://health.mo.gov/>

Missouri Department of Elementary and Secondary Education (DESE)

<https://dese.mo.gov/>

Administration of medication to Students: Policy JHCD-AP(1)

Adopted- 12/11/2019

Definitions

Authorized Prescriber – Includes a healthcare provider licensed or otherwise authorized by state law to prescribe medication.

Diabetes Medical Management Plan – A document developed by the student's personal healthcare team that sets out the health services needed by the student at school and that is signed by the student's personal healthcare team and parent/guardian.

Medications – For the purposes of this policy, medications include prescription drugs and over-the-counter drugs, including herbal preparations and vitamins. Medications also include substances that claim or purport to be medicinal or performance enhancing, including essential oils.

General

The Perry County School District prohibits students from possessing or self-administering medications while on district grounds, on district transportation or during district activities unless explicitly authorized in accordance with this policy. However, the Board recognizes that some students may require medication for chronic or short-term illnesses to enable them to remain in school and participate in the district's education services. The Board directs the superintendent or designee to employ, contract with and train the necessary personnel to administer medications to students. Medications will be administered at school only when it is not possible or effective for the student to receive the medication at home.

Parents/Guardians are encouraged to submit any relevant information regarding the medications their student needs, including a diabetes medical management plan or other information the district may use to develop an individualized education program (IEP), Section 504 Plan or individualized health plan (IHP). The district will review all information submitted by the parents/guardians and work with them to create a plan to meet the student's medical needs while at school or school activities.

The superintendent, in collaboration with the district nursing staff, will establish administrative procedures for storing and administering medications in compliance with this policy and pursuant to state and federal law.

Nurses and Other Personnel

The administration of medications is a nursing activity that must be performed by or under the supervision of a registered professional nurse (RN). Other district personnel may be required to administer medications to a student as long as they have been appropriately trained and are

supervised by an RN. An appropriately licensed member of the nursing staff will be responsible for:

1. Developing procedures for the training of unlicensed personnel in the administration of medications;
2. Devising protocols for the administration of medications by unlicensed personnel;
3. Training unlicensed personnel in the administration of medications.

District employees who administer medications must maintain documentation of all medications provided to students and stored on district property.

Nurses and other staff administering medications will take precautions when administering medications and, when necessary, will clarify authorized prescriber orders prior to administering medications.

In accordance with law, any trained or qualified employee will be held harmless and immune from civil liability for administering medication in good faith and according to standard medical practices. A qualified employee is one who has been trained to administer medication according to standard medical practices.

Over-the-Counter Medications

The district may administer over-the-counter medication to a student if the district has received permission to do so from the parent/guardian. Over-the-counter medications must be delivered to the school principal or designee in the manufacturer's original packaging and will only be administered in accordance with the manufacturer's label.

Prescription Medications

The district may administer prescription medication to a student if the district has received permission to do so from the parent/guardian and appropriate direction on how the medication is to be administered. The prescription label will not be considered the equivalent of a prescriber's written direction, and a separate document is needed.

Medications District Personnel Will Not Administer

Unless required by law to administer a medication to accommodate a disability, nurses who question the necessity of administering a particular medication during the school day may, after consultation with the superintendent or designee, require a written directive by the student's healthcare provider that states why the medication must be administered at school. The district may also refuse to administer any medication for other reasons listed in this policy. The district

will not administer any medication that is not regulated by the U.S. Food and Drug Administration.

The district may refuse to administer medications in an amount exceeding the recommended daily dosage listed in the *Physician's Desk Reference (PDR)* or other recognized medical or pharmaceutical text unless the district has verified the dosage with the prescriber. Except for the medications that are used only in an emergency situation, the district will not knowingly administer the first dose of any medication. The district expects parents/guardians to administer medications at home or by coming to the school to administer the medications themselves when possible.

Staff, students and all other individuals are prohibited from possessing or administering any medication that is illegal pursuant to state or federal law on district grounds, on district transportation or during district activities. The superintendent or designee is authorized to obtain a legal opinion from the district's attorney when there is a question regarding the legality of administering any medication.

Medical Marijuana and Cannabidiol (CBD) Oil

The district does not permit the possession or administration of marijuana or marijuana-infused products for medicinal purposes on district property or at district events since these products are prohibited under federal law.

In accordance with state law, parents/guardians with a valid hemp extract registration card may possess CBD oil on district property for the purpose of administering it to their students who are less than 18 years old for the treatment of epilepsy. Students 18 and older with a valid hemp extract registration card may possess CBD oil on district property for the limited purpose of bringing it to the health office where it will be stored with other medications and administered to the student by the nursing staff for the treatment of epilepsy. Students who have an actual prescription for a medication containing CBD will be permitted to possess and administer the prescription medication in accordance with this policy.

When applicable, district staff will administer prescription medication containing CBD in the same manner used to administer other prescription medication.

Student Possession and Self-Administration of Medications

The district prohibits students from possessing or self-administering medications unless the student is allowed by law to do so and has been given permission in accordance with this section.

A student with an IEP or Section 504 plan may possess and self-administer medications in accordance with the IEP or Section 504 plan. Students who do not have an IEP or Section 504 plan may possess and self-administer medications in accordance with 1) or 2) below:

1. Students with Diabetes: Upon written request of the parent/guardian and upon authorization by a student's diabetes medical management plan, the district will permit a student with diabetes to perform blood glucose checks, administer insulin through the student's insulin delivery systems, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the student's diabetes. The district will permit the student to possess on his or her person at all times all necessary supplies and equipment to perform these monitoring and treatment functions. The student shall have access to a private area for performing diabetes care tasks should the parent/guardian or student request such access. Students with diabetes who wish to possess and self-administer medications are subject to the same requirements (below) as students with other health conditions.

2. Students with Other Chronic Health Conditions: Students may possess and self-administer medications for the treatment of asthma, anaphylaxis and other chronic health conditions in accordance with this policy and law. The district will not permit students to possess and self-administer medications unless all of the following requirements are met:

- ▶ The medication was prescribed or ordered by the student's physician.
- ▶ The physician has provided a written treatment plan for the condition for which the medication was prescribed or authorized that includes a certification that the student is capable of and has been instructed in the correct and responsible use of the medication and has demonstrated to the physician or the physician's designee the skill level necessary to use the medication.
- ▶ The student has demonstrated proper self-administration technique to the school nurse.
- ▶ The student's parent/guardian has signed a statement authorizing self-administration and acknowledging that the district and its employees or agents will incur no liability as a result of any injury arising from the self-administration of such medication unless such injury is a result of negligence on the part of the district or its employees or agents.

Permission to possess and self-administer medications may be revisited if there is evidence that the student is not handling or administering the medication appropriately or that the student's actions may be harming his or her own health or the health and safety of others.

Consequences

Students who possess or consume medications in violation of this policy while on district grounds, on district transportation or during a district activity may be disciplined up to and including suspension or expulsion. Employees who violate this policy may be disciplined up to and including termination. District administrators will notify law enforcement when they believe a crime has occurred.

* * * * *

Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.

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Version: [JHCD-C.P32]

Policy Reference Disclaimer:

These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State

§§ 167.621-.635, §§ 167.800-.824, §192.945, .947, §335.016, .066, §338.059, §577.625, RSMo. Mo. Const., art.XVI § 1

Federal	Description
FED COURT	<u>Davis v. Francis Howell Sch. Dist., 138 F.3d 754 (8th Cir. 1998)</u>
FED COURT	<u>DeBord v. Board of Educ. of Ferguson-Florissant Sch. Dist., 126 F.3d 1102 (8th Cir. 1997)</u>

Cross References

Code	Description
AH	<u>USE OF TOBACCO PRODUCTS AND IMITATION TOBACCO PRODUCTS</u>
EBB	<u>COMMUNICABLE DISEASES</u>
EBBA	<u>ILLNESS AND INJURY RESPONSE AND PREVENTION</u>
EBBA-AP(1)	<u>ILLNESS AND INJURY RESPONSE AND PREVENTION - (First Aid Guidelines)</u>
KK	<u>VISITORS TO DISTRICT PROPERTY/EVENTS</u>

Administration of Medication Guidelines for Training School Personnel

<https://health.mo.gov/living/families/schoolhealth/pdf/MedicationManual.pdf>

-Link includes the study guide and testing provided to school personnel by nursing staff prior to the designated school personnel administering medication to students



Perry County School District #32
Prescription Medication at School
 Must be Completed by Healthcare Provider
 and Parent/Guardian

Note: Policy JHCD- Medications will be administered at school by trained staff only when it is not possible or effective for the student to receive the medication at home. The district encourages submitting any relevant information regarding their medical management plan.

To be completed by Healthcare Provider:

My patient _____ / _____ (student name/DOB)

should receive: Medication: _____ Dose: _____

at the following time(s): _____.

Specific instruction for administration: _____.

Possible side effects: _____.

Diagnosis: _____.

Physician Name: _____ Expiration date: _____

 (Healthcare Provider's Signature) (Date)

To be completed by Parent/Guardian:

I give permission for the above medication(s) to be administered by trained staff. I agree with the following: The district prohibits students from possessing or self-administering medications while on district grounds, district transportation or during district activities unless explicitly authorized in accordance with policy JHCD. Students in violation of this policy may be disciplined up to and including suspension or expulsion. All medications must be delivered by the parent/guardian in a properly labeled container from the pharmacy or manufacturer's original packaging. All medications shall be returned to the parent/guardian or destroyed at the end of the school year. In accordance with law, any trained or qualified employee will be held harmless and immune from civil liability for administering medication in good faith and according to standard medical practices.

 (Parent/Guardian's Name) (Parent/Guardian's Signature) (Date)



Perry County School District #32 Emergency Medication Self-carry Form

Must be completed by Healthcare Provider
and Parent/Guardian

Note: Policy JHCD- The district prohibits students from possessing or self-administering medications while on district grounds, on district transportation or during district activities unless explicitly authorized in accordance with this policy. Students who possess/consume medications in violation of this policy while on district grounds, on district transportation or during a district activity may be disciplined up to and including suspension or expulsion. However, the Board recognizes that some students may require medication to enable them to remain in school and participate in the district's education services. Students with an IEP/504 plan, diabetes or other chronic health condition may possess or self-administer medication by providing the following:

To be completed by Healthcare Provider:

I request that my patient, _____ / _____ (student name/DOB),
be allowed to carry their _____, **emergency
medication**, on his/her person as a medical necessity for the following problem(s):

_____.

Additional Instruction: _____.

My patient has been educated on and demonstrated appropriate use of this medication.

(Healthcare Provider's Signature)

(Date)

To be completed by Parent/Guardian:

I understand and agree with the above statements and give permission for self-carry of the above medication(s). I am authorizing self-administration and acknowledging that the district and its employees or agents will incur no liability as a result of any injury arising from the self-administration of such medication unless such injury is a result of negligence on the part of the district or its employees or agents. In accordance with law, any trained/qualified employee will be held harmless and immune from civil liability for administering medication in good faith and according to standard medical practices.

(Parent/Guardian's Name)

(Parent/Guardian's Signature)

(Date)

IMMUNIZATION OF STUDENTS : Policy JHCB

Adopted: 11/08/2017

Revised: 05/12/2021

It is the policy of the Perry Co. 32 School District that all students attending the district schools shall be immunized in accordance with law.

The district will not allow a student to attend school until the district has satisfactory evidence on file demonstrating that the student has been immunized, that the immunization process has begun and satisfactory progress is being accomplished or that the student is exempted from obtaining immunizations in accordance with law.

Immunization Exceptions

A student is exempted from obtaining immunizations if the district has the completed, original forms from the Missouri Department of Health and Senior Services (DHSS) necessary to prove that the student will not be immunized for religious or medical reasons. An exemption for medical reasons requires certification by a licensed doctor of medicine or doctor of osteopathy that either the immunization would seriously endanger the child's health or life or that the child has documentation of laboratory evidence of immunity to the disease. An exemption for religious reasons requires written certification from one parent/guardian that immunization of the student violates his or her religious beliefs.

Homeless students, students in the custody of the Children's Division (CD) of the Department of Social Services and students in the household of an active duty member of the military who do not have an exemption and cannot provide evidence of having received immunizations required under Missouri law shall be immediately enrolled and given 30 days to provide satisfactory evidence that the student has completed all age-appropriate immunizations or has begun the process of immunization. If the student has begun the process of immunization, the student may continue to attend as long as the process is being accomplished according to the schedule recommended by DHSS.

Failure to Provide Evidence of Required Immunizations

The district will exclude from school all students who are not immunized or exempted as required by law.

The district must report to DHSS the names of any parents/guardians who neglect to immunize their student or refuse to permit the immunization of a nonexempted student. The district will also report to the CD any instance of educational or medical neglect.

Pursuant to law, any contacts with parents/guardians regarding immunizations will also include information about influenza and influenza vaccines.

District-Sponsored Preschool, Daycare Centers and Nursery Schools

No child is permitted to enroll in or attend district-sponsored preschools, daycare centers or nursery schools until the district has satisfactory evidence demonstrating that the child has been immunized unless:

1. There is satisfactory proof that immunizations are in progress and that the process is being accomplished in accordance with the schedule recommended by DHSS; or
2. The student is homeless or in the custody of the CD and cannot provide satisfactory evidence of required immunizations. Such students will be given 30 days to provide satisfactory evidence of completion or evidence that immunizations are in process.
3. A parental, medical or religious exemption is on file. Exemptions must be on original forms from DHSS.

Upon request from a parent/guardian of a student enrolled in or attending district-sponsored preschools, daycare centers or nursery schools, the district will inform the parent/guardian whether any student enrolled or currently attending the facility in which the district-sponsored preschool, daycare center or nursery school is located has an immunization exemption on file. The district will verify only whether any student has an exemption on file. The district will not release any information that would identify a particular student with an exemption or a particular type of exemption.

The district will notify parents/guardians at the time of initial enrollment of their student in district-sponsored preschools, daycare centers or nursery schools that they may request notice from the district as to whether any students currently enrolled in or attending the facility have an immunization exemption on file with the district.

Records

The superintendent or designee shall institute procedures for the maintenance of health records that show the immunization status of every child enrolled or attending in the district and for the completion of all necessary reports in accordance with guidelines prepared by DHSS.

Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.

Cross Refs: IGBCA, Programs for Homeless Students
IGBE, Students in Foster Care

Legal Refs: §§ 160.1990, .2000, 167.181 - .191, 210.003, RSMo.
19 C.S.R. 20-28.010, 20-28.040
The Elementary and Secondary Education Act of 1965, 20 U.S.C. §§ 6301 -

7941 Perry Co. 32 School District, Perryville, Missouri

Immunization Requirements

Required immunizations for students enrolled in and attending schools in Missouri.

<https://health.mo.gov/living/wellness/immunizations/schoolrequirements.php>

Required immunizations for children enrolled in or attending child care facilities and preschools in Missouri.

<https://health.mo.gov/living/wellness/immunizations/daycarerequirements.php>

Decision to Not Vaccinate My Child - Declination Form

<https://www.immunize.org/catg.d/p4059.pdf>

<https://www.cdc.gov/vaccines/hcp/conversations/downloads/not-vacc-risks-color-office.pdf>

Provided by the Health Department- parent signature required after information given regarding their decision to not vaccinate their child.

Student Allergy Prevention and Response: Policy JHCF

Adopted- 12/13/2017

The purpose of this policy is to create an organized system for preventing and responding to allergic reactions. This policy is not a guarantee of an allergen-free environment; instead, it is designed to increase awareness, provide education and training, reduce the chance of exposure and outline responses to allergic reactions. The best form of prevention for life-threatening allergies is avoidance of the allergen.

Research shows that allergies can negatively impact student achievement by affecting concentration, auditory processing and attendance. Further, healthy students are better learners. In addition to posing health risks, allergies can be potentially deadly for some individuals.

This policy applies to district facilities to which students have access and includes transportation provided by the district. The Board instructs the superintendent or designee to develop procedures to implement this policy.

Identification

Each school will attempt to identify students with life-threatening allergies, including food allergies. An allergic reaction is an immune system response to a substance that itself is not harmful but that the body interprets as being harmful. Allergic reactions can range from mild to severe and can even be life threatening. At enrollment, the person enrolling the student will be asked to provide information on any allergies the student may have.

Students with Known Allergies

Students with allergies that rise to the level of a disability as defined by law will be accommodated in accordance with district policies and procedures pertaining to the identification and accommodation of students with disabilities. An individualized health plan (IHP), including an emergency action plan (EAP), may be developed for students with allergies that do not rise to the level of a disability.

All staff members are required to follow any Section 504 plan or IHP/EAP developed for a student by the district. Staff members who do not follow an existing Section 504 plan or IHP/EAP will be disciplined, and such discipline may include termination.

Prevention

Staff members shall not use air fresheners, oils, candles or other such items intended to add fragrance in any district facilities. This provision will not be construed to prohibit the use of personal care items that contain added fragrance, but the principal may require staff members to refrain from the use of personal care items with added fragrance under particular circumstances.

Staff members are prohibited from using cleaning materials, disinfectants, pesticides or other chemicals except those provided by the district.

The district will not serve any processed foods, including foods sold in vending machines, that are not labeled with a complete list of ingredients. Vended items must include a list of ingredients on the individual package. The food service director will create an ingredient list for all foods provided by the district as part of the district's nutrition program, including food provided during the school day and in before- and after-school programs. This list will be available upon request.

Prepackaged items used in concessions, fundraisers and classroom activities must include a list of ingredients on the package. If the package does not contain a list of ingredients, the list of ingredients must be available at the location where the package is sold or provided.

Education and Training

All staff members will be regularly trained on the causes and symptoms of and responses to allergic reactions. Training will include instruction on the use of prefilled epinephrine auto syringes and the administration of asthma-related rescue medications.

In accordance with law, qualified employees will be held harmless and immune from civil liability for administering epinephrine or asthma-related rescue medications in good faith and according to standard medical practices. A qualified employee is one who has been trained to administer medication, including epinephrine, in accordance with standard medical practice.

Age-appropriate education on allergies and allergic reactions will be provided to students as such education aligns with state Grade-Level Expectations (GLEs) for health education. Education will include potential causes, signs and symptoms of allergic reactions; information on avoiding allergens; and simple steps students can take to keep classmates safe.

Confidentiality

Information about individual students with allergies will be provided to all staff members and others who need to know the information to provide a safe learning environment for the student. Information about individual students with allergies will not be shared with students and others who do not have a legitimate educational interest in the information unless authorized by the parent/guardian or as otherwise permitted by law, including the Family Educational Rights and Privacy Act (FERPA).

Response

Response to an allergic reaction shall be in accordance with established procedures, including application of the student's Section 504 plan or IHP/EAP. Information about known allergies will be shared in accordance with FERPA.

* * * * *

Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.

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Policy Reference Disclaimer:

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State

§167.208, .635, RSMo

Federal

Description

20 U.S.C. § 1400-1417	<u>Individuals with Disabilities Education Act</u>
29 U.S.C. § 794	<u>Section 504 of the Rehabilitation Act of 1973</u>
34 C.F.R Part 104	<u>Section 504 of the Rehabilitation Act of 1973</u>
34 C.F.R Part 300	<u>Individuals with Disabilities Education Act</u>
42 U.S.C. §§ 12101-12213	<u>Americans with Disabilities Act</u>
42 U.S.C. §§ 1751-1760	<u>Richard B. Russell National School Lunch Act</u>
42 U.S.C. §§ 1777-1785	<u>Child Nutrition Act</u>
7 C.F.R. Part 210	<u>National School Lunch Program</u>

Cross References

Code	Description
AC	<u>PROHIBITION AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION</u>
ADF	<u>DISTRICT WELLNESS PROGRAM</u>
EBBA	<u>ILLNESS AND INJURY RESPONSE AND PREVENTION</u>
EBBA-AP(1)	<u>ILLNESS AND INJURY RESPONSE AND PREVENTION - (First Aid Guidelines)</u>
ECG	<u>ANIMALS ON DISTRICT PROPERTY</u>
EF	<u>FOOD SERVICE MANAGEMENT</u>
EF-AP(1)	<u>FOOD SERVICE MANAGEMENT - (Meal Charges)</u>
EFB	<u>FREE AND REDUCED-PRICE FOOD SERVICE</u>
IGB	<u>ACCOMMODATION OF STUDENTS WITH DISABILITIES</u>
IGB-AP(1)	<u>ACCOMMODATION OF STUDENTS WITH DISABILITIES - (Section 504 and ADA Procedures)</u>
IGBA-1	<u>SPECIAL EDUCATION</u>
IGBA-1-AP(1)	<u>SPECIAL EDUCATION - (Services for Incarcerated Youth)</u>
IGBA-1-AP(2)	<u>SPECIAL EDUCATION - (Evaluation Criteria for District and Independent Evaluations)</u>
IGD	<u>DISTRICT-SPONSORED EXTRACURRICULAR ACTIVITIES AND GROUPS</u>
IICA	<u>FIELD TRIPS AND EXCURSIONS</u>

REPORTING AND INVESTIGATING CHILD ABUSE/NEGLECT: Policy JHG

The Perry County School District and its Board members and employees will take action to protect students and other children from harm including, but not limited to, abuse and neglect, and will respond immediately when discovering evidence of harm to a child. Board members and employees must cooperate fully with investigations of child abuse and neglect. The district prohibits discrimination, negative job action or retaliation against any person who in good faith reports alleged child abuse or neglect, including alleged misconduct by another district employee. Employees failing to follow the directives of this policy or state or federal law will be subject to discipline including, but not limited to, termination, and may be subject to criminal prosecution. Board members who fail to follow this policy and applicable law may be subject to adverse action by the Board and criminal prosecution.

Definitions

Abuse – Any physical injury, sexual abuse or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody and control or by any other person, except that discipline including spanking, administered in a reasonable manner, shall not be construed as abuse. Physical injury, sexual abuse and emotional abuse are defined by the Children's Division (CD) of the Department of Social Services in 13 C.S.R. 35-31.010.

Child – Any person under 18 years of age.

Mandated Reporter – Employees, officials, School Board members and others with care, custody and control of children in the district.

Neglect – The failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical or any other care necessary for the child's well-being.

Sexual Misconduct – Engaging in any conduct with a student, on or off district property, that constitutes the crime of sexual misconduct involving a child under § 566.083, RSMo.; illegal sexual harassment as defined in policy AC, as determined by the district; or child abuse involving sexual behavior, as determined by the Children's Division (CD) of the Department of Social Services.

Those Responsible for the Care, Custody and Control of the Child – Includes, but is not limited to, any person exercising supervision over a child for any part of a 24-hour day and school personnel, contractors and volunteers who establish a relationship with a student through the school or through school-related activities, even if the alleged abuse or neglect occurred outside school hours or off school grounds.

Public School District Liaison The superintendent shall designate a specific person or persons to serve as the public school district liaison(s) and forward that information to the local division office of the CD. The liaison(s) shall develop protocols in conjunction with the chief investigator of the local division office to ensure information regarding the status of a child abuse or neglect investigation is shared with appropriate school personnel. The

liaison(s) will also serve on multidisciplinary teams used in providing protective or preventive social services along with law enforcement, the juvenile officer, the juvenile court and other agencies, both public and private.

Training

For Board Members Board members will participate in training on identifying signs of sexual abuse in children and danger signals of abusive relationships between children and adults as required by law.

For Employees The superintendent or designee shall implement annual training necessary to assist staff members in identifying possible instances of child abuse and neglect, including annual updates regarding any changes in the law. Such training shall:

1. Provide current and reliable information on identifying signs of sexual abuse in children and danger signals of potentially abusive relationships between children and adults.
2. Emphasize how to establish an atmosphere of trust so that students feel that their school has concerned adults with whom they feel comfortable discussing matters related to abuse.
3. Emphasize that all mandatory reporters shall, upon finding reasonable cause, directly and immediately report suspected child abuse or neglect. These reports must be made even if the person suspected of abusing the child is another mandated reporter, such as another school employee.
4. Emphasize that no supervisor or administrator may impede or inhibit any reporting under state law.
5. Emphasize that no person making a report in accordance with law shall be subject to any sanction, including any adverse employment action, for making such a report.

For Students In accordance with policy IGAEB, the district will provide trauma-informed, developmentally appropriate training to students in grades 6–12 on identifying and reporting sexual abuse.

Reporting Child Abuse and Neglect The Board of Education requires mandated reporters to comply with the state child abuse and neglect laws. Mandated reporters acting in their official capacities who know or have reasonable cause to suspect that a child has been subjected to abuse or neglect or is being subjected to conditions or circumstances that would reasonably result in abuse or neglect must directly and immediately make a report to the CD, including any report of excessive absences that may indicate educational neglect. No internal investigation shall be initiated until such a report has been made, and even then the investigation may be limited by law if the report involves sexual misconduct by a school employee.

Mandated reporters who make such reports to the CD must notify the school principal or designee that a report has been made. The principal or designee will notify the superintendent or designee and the district liaison(s) about the report. The school principal or designee may also notify law enforcement or the juvenile office when appropriate. Mandated reporters who have reason to believe that a victim of abuse or neglect is a

resident of another state or was injured as a result of an act that occurred in another state may make a report to the child protection agency with the authority to receive such reports, pursuant to law, in the other state in addition to notifying the Missouri CD pursuant to this policy.

The reporting requirements are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. Employees who make a report in accordance with law shall not be subject to any sanction, including any adverse employment action, for making such a report. Further, the superintendent and other district administrators shall ensure that employees mandated by law to make a report have immediate and unrestricted access to the communication technology necessary to make an immediate report. Employees shall also be temporarily relieved of other work duties for the time required to make a mandated report.

Reporting Allegations of Sexual Misconduct by a School Employee The district takes all allegations of sexual misconduct seriously, regardless of the source. However, an allegation of sexual misconduct by a school employee is particularly serious. In accordance with law, if a student reports alleged sexual misconduct on the part of a school district employee to an employee of this district, the employee who receives the report and the superintendent shall immediately report the allegation to the CD as set forth in law, regardless of whether the employee or superintendent has reasonable cause to suspect abuse. The CD will investigate all allegations of sexual misconduct involving district employees. The district may investigate the allegations for the purpose of making employment decisions.

Investigating Child Abuse and Neglect In general, the CD investigates reports of child abuse and neglect. However, state statute requires the district to initially investigate allegations of child abuse by district employees in situations other than sexual misconduct to ensure that the allegations are not made for the purpose of harassing district staff.

When the CD receives a child abuse report alleging that an employee of the district has abused a student in situations other than those involving sexual misconduct, the report shall be immediately referred to the superintendent (or the president of the School Board in situations concerning the superintendent), who will conduct an initial investigation. If the initial investigation determines that the report relates to a spanking by a certificated district employee or the use of reasonable physical force against a student for the protection of persons or property by any district personnel administered pursuant to district policy, or if it is determined that the sole purpose of the report is to harass a district employee, the report will be investigated as detailed below in accordance with law. All other reports of any nature will be immediately returned to the CD for investigation.

Harassment, Spanking or Protection of Persons or Property by District Staff

If a report to the CD relates to a spanking by a certificated district employee or the use of reasonable physical force against a student for the protection of persons or property by any district personnel administered pursuant to district policy, or if it is determined that the sole purpose of the report is to harass a district employee, the superintendent, Board president or a designee of either will notify law enforcement of the county in which the alleged incident occurred. The district will jointly investigate the matter with the law enforcement officer. The superintendent, Board president and their designees are authorized to contact and utilize

the district's attorney to assist in the investigation. Once the investigation is concluded, the law enforcement officer and the investigating district personnel will issue separate reports of their findings, no later than seven days after the district receives notice of the allegation from the CD. The reports must contain a statement of conclusion as to whether the preponderance of evidence supports a finding that the alleged incident of child abuse is substantiated or unsubstantiated. The Board will consider the separate reports and will issue its findings and conclusions, if any, within seven days after receiving the last of the two reports. The findings and conclusions will be made as required by state law and will be sent to the CD.

Referral to the Office of Child Advocate for Children's Protection and Services

If the CD determines that a report of child abuse or neglect is unsubstantiated, the district or a district employee may request that the report be referred to the Office of Child Advocate for Children's Protection and Services for additional review.

Information from the Children's Division

In accordance with law, as mandated reporters district employees reporting child abuse and neglect are entitled upon request to information on the general disposition of a report of child abuse or neglect and may receive findings and information concerning the case at the discretion of the CD. The CD will also notify the district when a student is under judicial custody or when a case is active regarding a student. Any information received from the CD will be kept strictly confidential in accordance with law and will be shared only with district employees who need to know the information to appropriately supervise the student or for intervention and counseling purposes. All written information received by any public school district liaison or the district shall be subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). Information received from the CD will not be included in the student's permanent record.

Immunity

In accordance with law, any person who in good faith reports child abuse or neglect; cooperates with the CD or any law enforcement agency, juvenile office, court, or child-protective service agency of this or any other state in reporting or investigating child abuse or neglect; or participates in any judicial proceeding resulting from the report will be immune from civil or criminal liability. Any person who is not an employee of the district and who in good faith reports to a district employee a case of alleged child abuse by any district employee will be immune from civil or criminal liability for making such a report or for participating in any judicial proceedings resulting from the report.

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Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.

Policy Reference Disclaimer: These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State

§§ 210.110-.165., §160.261, §160.261, §162.069, §162.203, §167.122, §167.123, §170.045, §210.865, RSMo. 13 C.S.R. 35-31.010

Federal

Description

20 U.S.C. § 1232g

Family Educational Rights and Privacy Act

Cross References

Code	Description
AC	<u>PROHIBITION AGAINST ILLEGAL DISCRIMINATION, HARASSMENT AND RETALIATION</u>
BHA	<u>BOARD TRAINING AND DEVELOPMENT</u>
GBCBB	<u>PROTECTED STAFF COMMUNICATIONS</u>
GBH	<u>STAFF/STUDENT RELATIONS</u>
GBLB	<u>REFERENCES</u>
GCPB	<u>RESIGNATION OF PROFESSIONAL STAFF MEMBERS</u>
GCPD	<u>SUSPENSION OF PROFESSIONAL STAFF MEMBERS</u>
GCPE	<u>TERMINATION OF PROFESSIONAL STAFF MEMBERS</u>
GCPF	<u>RENEWAL OF PROFESSIONAL STAFF MEMBERS</u>
GDPB-1	<u>RESIGNATION OF SUPPORT STAFF MEMBERS</u>
GDPD	<u>SUSPENSION OF SUPPORT STAFF MEMBERS</u>
GDPE	<u>NONRENEWAL AND TERMINATION OF SUPPORT STAFF MEMBERS</u>
IGAEB	<u>SEXUAL HEALTH INSTRUCTION</u>

Online system for child abuse and neglect reporting (OSCR). Must answer the first few questions and it will be determined if you can complete the Online Reporting or if you need to call into the Hotline # 1-800-392-3738.

Resources:

<https://dss.mo.gov/cd/keeping-kids-safe/>

<https://www.missourikidsfirst.org/get-help/hotline-how-to-report/>

https://dss.mo.gov/cd/pdf/guidelines_can_reports.pdf

DO NOT RESUSCITATE (DNR) ORDERS: Policy JHCE

Each request for the district to honor a do not resuscitate order (DNR) will be dealt with individually.

The district will develop an individualized health plan (IHP), or modify an existing IHP, for any student subject to a DNR. The IHP will be developed in conjunction with the parents, the student if appropriate, a school nurse and other appropriate staff, the student's physician, emergency medical personnel if possible, and other specialists as needed. If the student is receiving special education services pursuant to the Individuals with Disabilities Education Act (IDEA) or accommodations pursuant to Section 504 of the Rehabilitation Act of 1973, the Individualized Education Program (IEP) team or 504 team will be involved in the development of the IHP.

In addition to the usual contents of an IHP, the IHP of a student with a DNR order will specify which life-sustaining procedures will be used by district personnel in the case of an emergency. Emergency medical personnel will be summoned in all emergency situations as required by Board policy. A copy of the DNR will be attached to the IHP and provided to emergency medical personnel.

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Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information

Adopted: 11/08/2017
Legal Refs: Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 - 1417
The Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794
Americans with Disabilities Act, 42 U.S.C. §§ 12101 - 12213

Perry County School District No. 32, Perryville, Missouri

STUDENT ALCOHOL/DRUG ABUSE: Policy JFCH

The Perry County School District is concerned with the health, welfare and safety of its students. Therefore, use, sale, transfer, distribution, possession or being under the influence of unauthorized prescription drugs, alcohol, narcotic substances, unauthorized inhalants, controlled substances, illegal drugs, counterfeit substances and imitation controlled substances is prohibited on any district property, in any district-owned vehicle or in any other district-approved vehicle used to transport students to and from school or district activities. This prohibition also applies to any district-sponsored or district-approved activity, event, or function, such as a field trip or athletic event, where students are under the supervision of the school district. The use, sale, transfer or possession of drug-related paraphernalia is also prohibited.

For the purpose of this policy a controlled substance shall include any controlled substance, counterfeit substance or imitation controlled substance as defined in the Narcotic Drug Act, §195.010, RSMo., and in schedules I, II, III, IV, and V in section 202(c) of the Controlled Substances Act, 21 U.S.C. § 812(c).

Students may only be in possession of medication as detailed in Board policy JHCD. Searches of persons reasonably suspected to be in violation of this policy will be conducted in accordance with Board policy.

Any student who is found by the administration to be in violation of this policy shall be referred for prosecution and subject to disciplinary action up to and including suspension, expulsion or other discipline in accordance with the district's discipline policy. Strict compliance is mandatory. The school principal shall immediately report all incidents involving a controlled substance to the appropriate local law enforcement agency and the superintendent. All controlled substances shall be turned over to local law enforcement.

Students with disabilities who violate this policy will be disciplined in accordance with policy JGE.

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Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information

Adopted: 07/19/2017

Cross Refs: GBEBA, Drug-Free Workplace
IGAEA, Teaching about Drugs, Alcohol and Tobacco

Legal Refs: §§ 167.115, .117, .161, .171, 195.010, .017, 577.625, .628, 578.250 - .265,

RSMo. Individuals with Disabilities Education Act. 20 U.S.C. §§ 1400 - 1417 34
C.F.R. § 300.520
Safe and Drug-Free Schools and Communities Act, 20 U.S.C. §§ 7101 - 7165
Controlled Substances Act, 21 U.S.C. § 812(c)

Perry County School District No. 32, Perryville, Missouri

TRANSGENDER STUDENTS: Policy ACAE

The Board of Education believes that all students are entitled to a quality education in a safe environment. This belief extends to the growing number of transgender students, that is, students who self-identify with a gender that is different from their biological sex.

The Board seeks to balance the privacy needs of all students with the preferences of transgender students and their parents/guardians. This policy sets forth the practices that are in place for the welfare of all of our students. This policy does not anticipate every situation that might occur with respect to transgender students, and the needs of each transgender student must be assessed on a case-by-case basis.

Student Identity

Transgender students are permitted to select a first name and pronoun that more closely matches their gender identity. This chosen name shall be used by district staff to communicate verbally and electronically other than in official school records. Changes of name shall not be permitted to exceed one name change per school year.

Official school records shall continue to list the birth name and biological sex of the student. The student or their parents/guardians may obtain a name change through the court system. In such a case, the district will amend its official school records to comply with the court order.

Restrooms

The district, when requested, will designate a gender-neutral restroom(s) in each building with the appropriate signage.

All students, regardless of their gender identity, will have the option of using the gender-neutral restroom, or the restroom designated for their biological sex.

If a parent/guardian requests an alternative option, the option will be considered on a case-by-case basis. However, if an agreement cannot be reached, the district will select the option that is in the best interest of all students.

Locker Rooms/Showering Facilities

Elementary students are not required to change into PE uniforms, and hence, do not require showering.

In district secondary schools, students who elect to participate in physical education classes that require access to locker rooms or showering facilities will be expected to use those facilities designated for their biological gender. However, upon request of a transgender student and/or their parents, alternatives will be considered. In consultation with the student and parents, the alternative will include, but not be limited to, online PE courses, independent study, scheduling adjustments to include early access to change and showering facilities, separate enclosed change and shower room within the locker room. Each such request would be considered on a case-by-case basis. However, if consensus cannot be reached with the student/parents, the district will select an option that is in the best interest of all students.

Apparel

Transgender students are permitted to dress in the same manner as the gender with which they identify. However, all students are required to dress consistently with the school's dress code.

Extracurricular Activities/School Activities

Similarly, all students are permitted to wear apparel associated with their gender or gender identity. On occasion, student activity groups schedule overnight trips. Students will be assigned rooms, with sponsor approval, mutually agreed upon by student roommates. The district is a member of the Missouri State High School Activity Association (MSHSAA). As such, the district is required to adhere to MSHSAA regulations regarding athletic participation by transgender students.

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Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information

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- Adopted: 09/13/2017
- Cross Refs: IGD, District-Sponsored Extracurricular Activities and Groups
JFCA, Student Dress Code
JFCF, Hazing and Bullying
JHD, Student Guidance and Counseling
JG, Student Discipline
JO, Student Records
- Legal Refs: Missouri Human Rights Act, §213.065, RSMo.
Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 - 1417
Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681
The Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794

CARE PLAN

Problem: **Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)**

Data Collection:

Student has been diagnosed as having a deficit in attention, and is being treated with medication to control symptoms.

Assessment:

Students may have short attention span, motor hyperactivity, distractibility, impulse behavior, rapid fatigue when concentration is required, and inability to follow a task through to its finish and poor memory and learning ability.

Procedure:

1. Counsel with parents assisting them to understand that:
 - a. A student may have a developmental lag but that potential for full development is very good.
 - b. Build the student self concept with sincere praise.
 - c. Follow the consistent schedule to help provide organization for the student if possible.
 - d. Provide a study area with a minimum amount of background noise and visual stimulation, if possible.
2. If requested, assist parent/teacher in developing a behavior modification program to provide positive reinforcement.
3. Give medication as ordered by physician to help the student successfully interact with environment.
4. Monitor for undesirable side effects of medication.

Evaluation:

1. Student will develop positive self image and will develop the skills necessary to cope with environment.
2. Symptoms will be controlled and attention span will increase thus improving quality of school work.
3. Parental emotional support of students will increase and be maintained.
4. Peer group acceptance will be maximized.
5. Behavior and social adjustments will improve.

ADHD Information and Tools

<https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>

CARE PLAN

Problem: **Seizure Disorder**

Data Collection:

Student has been diagnosed as having grand mal and/or petit mal epilepsy.
Student has been evaluated by a neurologist and is controlled by medication.

Assessment:

Have had both grand mal and/or petit mal seizures in the past. Assess need for classroom in-service and instruction due to classmates and teacher questions.

Procedure:

1. Protect student from injury during grand mal seizure.
 - a. Remove surrounding objects to prevent injury.
 - b. Do not restrain student during seizures.
 - c. Place folded cloth (blanket, towel, or coat) under students head.
2. Keep head turned to one side to prevent choking, if possible.
3. Keep fingers out of student's mouth to prevent biting injury.
4. Notify parents of grand mal seizure activity and/or repeated petit mal seizure activity.
5. Offer classroom in-service with opportunity for question and answer period. Student with seizure disorder may remain in classroom during in-service.

Evaluation:

1. Student will not be injured during seizure activity.
2. Student will not aspirate foreign material into trachea or lungs.
3. Effective control of seizure activity will be maintained.
4. Classmates and teacher will verbalize understanding of student's seizure disorder.
5. Student will verbalize understanding of his/her disorder.

Seizure Information and Educational tools for teachers, staff, and families

<https://www.cdc.gov/epilepsy/about/first-aid.htm>

<https://www.epilepsy.com/living-epilepsy/seizure-first-aid-and-safety/first-aid-seizures-stay-safe-side>

<https://www.epilepsy.com/living-epilepsy/parents-and-caregivers/about-kids/seizures-first-aid>

<https://shakenbutnotstirred.weebly.com/seizure-first-aid.html>

<https://www.epilepsynorcal.org/seizure-first-aid/>

https://epilepsy-ms.org/wp-content/uploads/1st-Aid-Tonic-Clonic-poster_EFA335_May-14-page-001.jpg

CARE PLAN

Problem: **Diabetes Mellitus**

Data Collection:

Student has been diagnosed as having diabetes mellitus and is under medical supervision with need to monitor blood glucose levels.

Assessment:

Juvenile diabetes, Type 1, under control with: (Student is under medical supervision by a doctor.)

1. Insulin
2. Diet
3. Exercise

Procedure:

1. Brief staff members such as cafeteria manager, P.E. teacher and regular teacher on signs and symptoms of hyperglycemia/hypoglycemia as well as importance of diet and exercise. Assist in noon meal planning.
2. Monitor blood sugar levels as ordered by physician. Contact physicians as necessary with any questions or concerns.
3. Arrange telephone contact with more than one family member ensuring availability of a family member at all times during the school day.
4. Offer assistance and instruction to the affected student and family members regarding student's diabetes. Offer classroom in-services.
5. In the event of hypoglycemia (insulin reaction) give something with sugar by mouth. If no improvement, notify child's physician and family member. Glucagon injection may be given with physician's order.

Evaluation:

1. Blood sugar will remain in optimum range without episodes of hypoglycemia or hyperglycemia.
2. Student, teachers, and staff members will verbalize understanding of diabetes as it relates to them and coordination of care.
3. Adequate family coverage will be maintained in the event of need for emergency care.
4. The student sees himself/herself as similar to other students recognizing that he/she may sometimes require special attention.

Diabetes Educational Information for teachers, staff, and families

<https://www.diabetes.org/healthy-living/medication-treatments/blood-glucose-testing-and-control/hyperglycemia>

<https://www.diabetes.org/healthy-living/medication-treatments/blood-glucose-testing-and-control/hypoglycemia>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD and NUTRITION ASSISTANCE
 CHILD and ADULT CARE FOOD PROGRAM
INSTRUCTIONS for COMPLETING CACFP-227

REQUEST for SPECIAL MEALS AND/OR ACCOMMODATIONS

1. **Center/School/Agency:** Print the name of the center, school or agency that is providing the form to the parent/guardian.
2. **Site:** Print the name of the site where meals will be served (e.g., child care center, school site community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the participant Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, peanut allergy, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction affecting the respiratory system."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude fluid milk." **B. Foods to Be Substituted:** List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a "sippy" cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

The American with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual.

(For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008)

Information regarding the ADAAA, which expanded the definition of disability, can be found at: <http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf>

For more information, refer to the subject information in the Program specific Policy and Procedure Manual at: www.health.mo.gov/cacfp

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. SPONSOR Name	2. Site Name, if different from #1.	3. Site Telephone Number									
4. Name of Participant			5. Date of Birth								
6. Name of Parent or Guardian			7. Telephone Number								
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to instructions.) CACFP, schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. CACFP, schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or nurse practitioner must sign this form.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. CACFP, schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, nurse practitioner or parent or guardian may sign this form.</p>											
9. Disability or medical condition requiring a special meal or accommodation:											
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:											
11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>											
<p>12. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and required substitution; attach a sheet with additional information as needed)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">A. Foods To Be Omitted</td> <td style="width: 50%; text-align: center; padding: 5px;">B. Foods to be Substituted</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> </table>				A. Foods To Be Omitted	B. Foods to be Substituted	_____	_____	_____	_____	_____	_____
A. Foods To Be Omitted	B. Foods to be Substituted										
_____	_____										
_____	_____										
_____	_____										
13. Indicate texture:											
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed											
14. Adaptive Equipment:											
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date								

19. Signature of Medical Authority	20. Printed Name	21. Telephone Number	22. Date
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*** Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability. The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue,
SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
This statement implementation date is November 2015.

CARE PLAN

Problem: **Asthma**

Data Collection:

Student has disorder of the lungs that causes constriction of the smaller air passages resulting in moderate to severe difficulty in breathing. Student has been evaluated medically and is controlled by medication.

Assessment:

Have had episodes of wheezing, dyspnea, audible wheezing, chest tightness and cough. Auscultation show rhonchi and wheezing throughout lung fields on expiration and, at times, inspiration; absent or diminished breath sounds during severe obstruction.

Procedure:

1. Instruct student to avoid possible allergens.
2. Monitor respiratory status and note characteristics of sputum.
3. Explain the influence of stress and anxiety on asthma and frequent association with exercise (particularly running) and cold air.
4. Administer bronchodilators and/or other medications as ordered by physician.
5. Provide in-service to student's classroom if requested by parent and/or teacher.

Evaluation:

1. Student will not be exposed to stimuli that would precipitate asthmatic attack.
2. Bronchospasm and edema of bronchial wall will be relieved.
3. Student and classmates will be knowledgeable about disorder, realizing asthma is a serious problem but not in the sense that it is life threatening.

Asthma Information

<https://www.cdc.gov/asthma/parents.html>

<https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-in-schools>

<https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/living-with-asthma/managing-asthma/for-parents-of-children-with-asthma>

Asthma

Breathing difficulty is caused by three reactions in the air passages of the lungs: muscle around the airways tighten up (like a rubberband around a finger), increase mucus which clogs the airways and the lining swells. All of these factors make the airways smaller and harder to get the air in and out.

Symptoms: wheezing, chest tightness, coughing, difficulty breathing or shortness of breath.

Asthma triggers:

Respiratory infections	Cigarette smoke
Colds	Wood smoke
Pollen	Stress
Mold	Vigorous exercise
Dust	Cold air or sudden temperature changes
Food	Excitement
Strong odors	

Early warning signs of an impending asthma episode:

Coughing	Itchy or scratchy throat
Funny feeling in chest	Tired
Headache	Glassy eyes
Nervousness	Stomachache
Sneezing or stuffy/runny nose	Drop in peak flow number

First aid in case of difficulty breathing:

1. Help the child to assume a comfortable position with shoulder relaxed, leaning forward with elbows on knees may be helpful. Do not let the child lay down.
2. Encourage the child to breathe through their nose and out slowly through pursed lips (as if they were going to whistle)
3. Do not leave the child alone.
4. Send someone for the school nurse.
5. Talk to the child calmly and reassuringly. His/her anxiety can be lessened if you show that you understand and know how to be helpful.
6. Encourage the child to drink fluids.
7. Encourage the child to take appropriate medications if her/her doctor has prescribed any.
8. If the medications do not appear to be working effectively (within 15 minutes), notify the parent or guardian. There are some cases where children with asthma need emergency care.

CEREBRAL PALSY

CP (Cerebral Palsy) refers to a group of conditions that are characterized by a disorder of voluntary movement. It is a nonprogressive neurological condition that occurs as the result of brain injury in the motor centers.

There is no “cure” for CP. Treatment usually involves many disciplines and is focused on improving basic functioning, including activities of daily living.

Common health problems associated with cerebral palsy include: vision problems such as eye muscle imbalance (strabismus), refractive errors (near-sighted or far-sighted), poor tracking related to facial abnormalities and ear infections, respiratory infections related to aspiration of food, fluids and saliva and decreased immune response; frequent surgery for orthopedic problems and other deficits; inadequate nutrition related to decreased caloric consumption; dehydration related to poor swallowing and drooling; and seizure disorders.

Procedure for Vision and Hearing Vision Screening

A vision test (using the Titmus vision tester) shall be done on all students in kindergarten, first, third, fifth, seventh, and ninth grade.

If the student fails to pass the initial examination, a second evaluation will be done.

If the student fails the second screening, a referral will be sent home to the parent/guardian.

The Titmus machine should have a maintenance check/cleaning every other year.

Hearing Screening

Students in grades kindergarten, first, third, sixth, and ninth shall be screened using pure-tone at 20-25 db's to determine hearing impairments.

The audiometer should be recalibrated annually.

Hearing will be screened at 20-25 db's (sweep test) at the following frequencies: 1k, 2k, and 4k in grades K-4. Hearing screenings at middle school and high school will be completed at the following frequencies: 1k, 2k, 4k, and 6k.

If a student does not respond to two or more frequencies in one or both ears, the student has failed the screening. He/she is then to be retested at 20-25 db's. If the student fails again, a third testing is conducted. This test is a "threshold acuity".

If the student fails the threshold acuity, a referral will be sent to parents/guardians.

Be concerned at 40 db and a miss of two or more frequencies in one or both ears.

Normal speech tones are 1000, 2000, and 4000 hz. Be concerned with any db loss above 30 db at these levels.

Procedure For Vision Testing

Titmus machine tests the following abilities of the eyes:

1. Acuity of both eyes; 20/20, 20/40, etc.
2. Muscle balance at far and near points (convergence)
3. Farsightedness
4. Near vision

Step 1: Plug in and turn on the Titmus machine.

Step 2: Test the right eye acuity and then test left eye for acuity. The student should be able to see the bottom line in order to have perfect 20/20 vision in each eye. The student reads the chart starting at the very last line and reading from left to right. He/she tells you if the letter E is pointing up, down, right or left. Should the student miss one on the bottom line, their vision is 20/20-1. Should the student miss two on the bottom line, his/her vision is 20/20-2. Should the student miss three on the bottom line, you should have him/her move up to the 20/30 line (line C). He/she is then tested as above until he/she can read a full line without missing more than two of the E's at any given line.

Step 3: Testing for excessive farsightedness in the left eye. With the left eye follow directions on the machine and position the right eye off. Insert the plus lens into the opening at the top of the machine. Ask the student if this makes it "clear" or "blurry". Record his/her answer.

Step 4: Testing for excessive farsightedness in the right eye. With the right eye follow directions on the machine and position the left eye off. Insert the plus lens into the opening at the top of the machine. Ask the student if this makes it "clear" or "blurry". Record his/her answer. The student passes farsightedness if they state that both eyes are blurry.

Step 5: Testing for muscle balance at a far point. Follow the directions on the machine. Ask the student if the ball is "in" or "out" of the rectangle or "on" or "off" the picnic table. Record his/her answer.

Step 6: Testing for muscle balance at a near point. Follow the directions on the machine. Again, ask the student if the ball is "in" or "out" of the rectangle or "on" or "off"

the picnic table. Record his/her answer. Occasionally, you may need to retest NEAR point as the students need time to focus.

Step 7: Testing near vision. Follow the directions on the machine. To pass near vision, the student should be able to read the letters in the last row or the letters in line 6 (depending on which vision tester you are using).

You have successfully checked and recorded vision of the student for acuity, farsightedness, muscle balance, at near and far points, and near vision. See sample screening sheet for recording.

Procedure For Preschool Vision Testing

The preschool vision test is performed on all preschool, kindergarten, and first grade students as it is devised to correlate to their education level. This test is pre-set to test at 20/30. Normal acuity is 20/30 during this age range. Maturation of the eyes should be completed sometime during the second grade age range (age seven).

Step 1: Plug in and turn on the Titmus machine.

Step 2: Follow the directions on the machine. Test the right eye with the switch on the left eye off. You are testing acuity as before. Request students to tell you what direction the E's are pointing to.

The E's point to the BIRD

The E's point to the BOY

The E's point to the GIRL

The E's point to the RABBIT

Step 3: Now test the left eye with the switch on the right eye off. You are testing acuity as before. Request students to tell you what direction the E's are pointing to.

The E's point to the BIRD

The E's point to the BOY

The E's point to the GIRL

The E's point to the RABBIT

Step 4: Test for farsightedness and muscle balance at near/far points as you did previously.

When using the preschool vision test, the student either passes or fails the acuity. The titmus machine does not have a separate preschool lens above the 20/30 acuity lens. Near vision is NOT checked until students are in grade three.

Procedure for the Maico Pure-Tone Audiometer

- Step 1: Plug in the machine and turn it on.
- Step 2: Set the intensity dial to 20-25db.
- Step 3: Set the frequency dial to 1000hz. (dial is located on the left side of the machine)
- Step 4: Put the headphones on to test the equipment. This is done by placing the RED headphone on the RIGHT ear and the BLUE headphone on the LEFT ear. Push the stimulus button located on either side of the panel.

Note: Is there any buzzing noises or no sound heard at all? Check for loose connection between the wires of the headphones and the audiometer (connection in location on the back of the machine).

- Step 5: Begin testing on students. Set the intensity dial to 20-25db, and begin to check the left ear at each of the following frequencies: 1000hz, 2000hz, 4000hz, and 6000hz. Record the results.
- Step 6: Switch machine to the right ear and recheck each of the above hz in the same fashion. Record the results.
- Step 7: Recheck the student in one week if he/she misses (fails to hear) two or more tones in either or both ears at 20-25db. If the student fails the second sweep test, a third test is conducted. This is known as a threshold acuity test (TA).

Threshold Acuity Test: If the student hears 1000hz at 30db, decrease the tone to 25db and see if he/she can hear it. Occasionally the student just needs time to concentrate on the tone. If he/she hears it at 25db, decrease it to 20db and recheck his/her hearing ability. If the student did not hear the tone at 25db, record 30db at 1000hz. Continue with each of the following frequencies: 1k, 2k, 4k, and 6k as above.

<https://health.mo.gov/living/families/schoolhealth/pdf/HearingScreeningGuidelines.pdf>

CONCUSSION EDUCATION AND MANAGEMENT PROTOCOL

Education

Concussions are common in sports. The Missouri State High School Activities Association (MSHSAA) believes that education of coaches, officials, athletes, and their parents or guardians are key to safely returning a student athlete to play. Appropriate immediate care after a suspected concussion, and follow up incorporating a multi-disciplinary team that includes the coach, parent or guardian, athlete's physician, team physician and athletic trainer (if available), and school representatives, also are important for the proper management of a sport-related concussion.

Each school district will receive educational materials for coaches, athletes, parents, and school officials, required forms for student athlete participation and parent/guardian consent, and recommended medical clearance forms for return to play.

Annually, MSHSAA member school districts will ensure that every coach, student athlete, and parents or guardians of a student athlete completes a concussion and head injury information sheet and returns it to the school district prior to the student athlete's participation in practice or competition. Officials will receive training from their parent organization. Each official's organization will require annual concussion training and maintain a signed head injury information sheet for each official.

Recognition and Evaluation of the Athlete with a Concussion

1. Recognition of the signs and symptoms of a concussion is important. Every member of the team - athlete, teammates, coaches, parents or guardians, officials, athletic trainers, and team physicians have a duty to report a suspected concussion. Not all school districts have medical personnel available to cover every practice and competition; therefore, the coach is the person in the best position to protect the player and must be aware that not all student athletes will be forthcoming about their injury.
2. An official shall not be responsible for making the diagnosis of a concussion. The official can assist coaches and medical staff by recognizing signs and symptoms of a concussion and informing the coach and medical staff of their concerns.
3. The coach, (Athletic Trainer) AT, or physician on site should evaluate the athlete in a systematic fashion:
 - A. Assess for airway, breathing, and circulation (basic CPR assessment)
 - B. Assess for concussion
 - i. Any unconscious athlete should be assumed to have a severe head and/or neck injury and should have their cervical spine immobilized until a determination can be made that the cervical spine has not been injured. If no medical professional can make the assessment, the athlete should be transported to an appropriate emergency care facility.
 - ii. A conscious athlete with no neck pain can be further evaluated on the sideline.

4. An athlete experiencing ANY of the signs/symptoms of a concussion should be immediately removed from play. Signs/Symptoms of a concussion include:

<u>PHYSICAL</u>	<u>COGNITIVE</u>	<u>EMOTIONAL</u>
Headache	Feeling mentally “foggy”	Irritability
Nausea/Vomiting	Feeling slowed down	Sadness
Dazed/Stunned	Difficulty concentrating	More emotional
Balance problems	Difficulty remembering	Nervousness
Visual problems	Forgetful of recent information	
Fatigue	Confused about recent events	
Sensitivity to light	Answers questions slowly	
Sensitivity to noise	Repeats questions	

5. Evaluation

- A. Following any first aid management, the medical team, or coach in the absence of medical personnel, should assess the athlete to determine the presence or absence of a concussion. The current version of the Sport Concussion Assessment Tool (SCAT) is an assessment tool that is readily available and can assist with the assessment. The athlete should be monitored for worsening or change in signs and symptoms over the next 24 hours. Instructions should be given to the parent or guardian as to signs and symptoms that may require further or more emergent evaluation.

6. Management of a Concussion and Return to Play

- A. An athlete determined to have a concussion or have concussion-like symptoms will be removed from practice or competition and is not allowed to return to practice or competition that same day.
- B. If an athlete displays concussion-like signs or symptoms, the athlete should be assumed to have a concussion until further medical evaluation can occur. “WHEN IN DOUBT, SIT THEM OUT!”
- C. Written clearance from a physician (MD or DO), Advanced Nurse Practitioner in written collaborative practice with a physician, Certified Physician Assistant in written collaborative practice with a physician, Athletic Trainer or Neuropsychologist in written supervision of a physician must be provided prior to return to play.
- D. Following a concussion, current accepted guidelines on physical and cognitive activity should be practiced until symptoms have resolved.
- E. An athlete must be asymptomatic at rest and with exertion prior to return to play.
- F. A graduated return to play progression should be followed to guide return to activity following medical clearance as outlined on the MSHSAA Concussion Return to Play form.

Concussion Information and Education for Teachers, Staff, and Families:

https://www.mshsaa.org/Resources/UploadedFiles/TrainingVideos/RulesMeeting636046978211909636/presentation_html5.html

<https://www.mshsaa.org/resources/PDF/CURRENT%20MSHSAA%20Concussion%20Return%20to%20Play%20Form.pdf>

HEAD LICE SCREENING PROGRAM

What is a Head Lice?

Head Lice are wingless, grey/brown, hairy, flat, tiny insects that live in human hair. Lice do not transmit infectious disease and they do not discriminate amongst socioeconomic groups. Only living lice can transfer as nits do not move.

Nits are eggs that are laid by lice which are attached to the base of individual hairs. Nits are teardrop-shaped, white to brown in color and are securely cemented to individual hairs. Nits look like dandruff, but dandruff is irregularly shaped, flakes easily, and usually can even be flipped away with the fingers. Nits are stationary.

How do you get head lice?

1. Physical contact with a person who has the infestation
2. Contact with articles that have been contaminated by live lice, i.e.

Combs	Caps	Coats	Ribbons
Brushes	Scarves	Furniture	Hats

Signs/Symptoms to look for:

Signs: the only consistent sign of infestation is the presence of either nits or lice.
Symptoms: persistent itching of the head and back of the neck.

Lice Control Procedure:

1. After live lice are detected, the child is sent home immediately. Information can be given to the parents when they come to get their child as to how the head lice can be treated and what proof is required for the child's return to school. In addition, when a child is found to have head lice, all other family members of that child enrolled in school will be checked.
2. Spot checks of classrooms are done throughout the year as new cases of head lice are discovered. Teachers are to observe for excessive scratching and refer any suspicious cases to the nurse to check.
3. Treatment:
 - a. No physician's statement or office visit to the doctor is required
 - b. Home treatment: several shampoos to kill lice/nits are on the market. They can be bought over the counter at local drug stores. It is not necessary to see a physician. Some parents prefer to obtain a prescription.
 - c. All persons in the household who had head lice/nits should be treated. It is recommended that all be treated.
 - d. Since the lice products do not kill all the nits, the child has potential for

- recurrence as well as reinfesting others.
- e. All initially infested persons must be retreated in eight to ten days. The child will be rechecked at that time by the school nurse.
4. Procedure of washing hair:
 - a. Remove all clothing
 - b. Use shampoo as directed on the label
 - c. Put on clean clothes after shampooing
 5. Laundry:
 - a. Wash - using very hot water - all clothing, towels, and bed linens used by the person with head lice/nits.
 - b. Personal articles of clothing or bedding that cannot be washed or dried need to be dry cleaned or placed in a plastic bag and sealed for ten days.
 - c. Combs and brushes should be soaked in one of the pediculicide shampoos or soaked in a pan of water heated to 150 degrees.
 - d. Vacuum rugs and upholstered furniture. Sprays are available for surfaces unable to be laundered.
 6. To prevent spread: students should not share articles that come in contact with the head, neck, or shoulders (combs, brushes, hats, coats, towels, etc.)

<https://healthychildren.org/English/health-issues/conditions/from-insects-animals/Pages/Signs-of-Lice.aspx>

The American Academy of Pediatrics recommends that “no nit policies” for return to school be discouraged. The National Association of School Nurses state that nit free policies disrupt the education process and should not be viewed as an essential strategy in the management of head lice.

<https://health.mo.gov/living/families/schoolhealth/disease.php>

BED BUGS

Explanation:

Bed bugs are a nuisance. Bed bugs are small, brownish, flattened insects that feed on the blood of people while they sleep. The bed bug bites usually do not hurt at the time of the bite but they are usually in a line of welts that form on the skin with significant itching involved. Bed bugs feed on the blood of an individual, usually while the individuals are sleeping. Their bites are usually an itchy welt similar to a mosquito bite. Bed bugs can cause significant itching and sleeplessness. The bugs like to hide in the binding of the mattress, between mattress and box springs, in the headboard and bedside table, in the electrical outlets and other places close to where people sleep. They will travel on individuals, their clothing and other belongings. The traveling bed bugs may then be transported to other individuals and their possessions.

Treatment:

If the student has bites which appear to be a bed bug bite, anti-itch cream will be applied to the bites. The students' clothing and belongings will be examined for live bugs. The parents will be notified of the findings. The parents will be requested to have the bites checked by a physician and asked to share those findings with school staff. If the bites are found to be from a bed bug, the family will be asked to provide documentation that extermination of the bugs at the home was conducted.

If the student is sent to the nurses office for live bugs and if live bugs are found at any time during examination, the bug(s) should try to be captured by tape and placed in a Ziploc bag for examination by an exterminator. The students' clothing should be changed and placed outside or in a ziploc bag. The exterminator will examine the bug, identify and set a course of action for the school district for treatment of the area(s) to which the student has had contact. The parent will be notified of the findings. The parents will be requested to have the bites checked by a physician and asked to share those findings with school staff. The parents will be asked to provide documentation by the exterminator.

Prevention:

Teach and encourage personal inspection of home. Provide materials to staff and families as needed. Monitor student belongings, keep classrooms uncluttered, regular cleaning and inspections of classrooms.

<https://www.cdc.gov/parasites/bedbugs/faqs.html>

<https://www.cdc.gov/parasites/bedbugs/biology.html>

<https://www.epa.gov/ipm/bed-bugs-and-schools>

<https://www.epa.gov/bedbugs/top-ten-tips-prevent-or-control-bed-bugs>

<https://www.epa.gov/sites/production/files/2016-07/documents/bed-bug-guidance-for-parents.pdf>

https://www.epa.gov/sites/production/files/2017-01/documents/bed_bugs_school_nurses_epa_730-f-16-004.pdf

<https://www.epa.gov/sites/production/files/2016-07/documents/bed-bug-guidance-for-school-administrators-teachers-staff.pdf>

PROTOCOL - MATURATION PROGRAM

Goal:

Understanding menstruation and its effects on the body. The female students in grade four will be presented a program on menstruation. The male students in grade four will be presented a program on body changes and hygiene. Some third grade students may be included if it is deemed advisable by staff.

The contents of the girls program will be:

1. Various stages of the menstrual cycle
2. Physiology - may use model and/or diagram to demonstrate
3. Relate menstruation as a natural occurrence
4. Describe emotional and physical changes that will be occurring
5. Display various products available for use with the opportunity for students to see and touch products
6. Relate film and booklet
7. Personal hygiene products and booklet kits distributed to girls

The contents of the boys program will be:

1. Body changes that will be occurring and/or occurring
2. Describe emotional and physical changes that will be occurring
3. Personal hygiene products distributed - deodorant

<https://www.pgschoolprograms.com/educators>

<https://www.pgschoolprograms.com/parents>

CPR in Schools

All Missouri public high school students are to receive 30 minutes of CPR and heimlich maneuver training prior to graduation. This is NOT a CPR Certification program and students will NOT receive a certification after completing the 30 minute training.

<https://cpr.heart.org/en/training-programs/community-programs/community-resources/school-resources>

<https://cpr.heart.org/en/training-programs/community-programs/cpr-in-schools/cpr-in-schools-legislation-map>

CPR/AED and First Aid Training for Bus Drivers and Coaches

MHSAA requires all coaches to have a current/up to date CPR certification.

Perry County School District 32 requires all bus drivers to have a current/up to date CPR certification.

<https://shopcpr.heart.org/heartsaver-for-k-12-schools-ecard>

PERRY COUNTY COMMUNITY RESOURCES:

East Missouri Action Agency:

What they do: Food pantry referrals and emergency rental assistance, the low-income home energy assistance program, SEMO Assets, Step Up to Leadership, Summer Food Program, Women's Wellness Center, Weatherization Assistance Program For more, information please call: 573-547-2014

Division of Family Services:

What they do: Health Care, Food Assistance, Temporary Assistance, Blind Services, Child Care, Child Support, Energy Assistance
Website: dss.mo.gov Phone: 1-866-313-9960

Community Task Force:

What they do: CHAMPS Mentoring, Youth and Parents (YAP), Girls' Circle, Seeking Answers About Situations, and much more. For more, information please call: 573-547-1292

Perry County Head Start: Preschool program Phone: 573-547-8496

Tutoring/Remedial programs: Perry County School Dist. 32 Phone: 573-547-7500 Ext 7#

Life Enrichment Center:

What they do: This agency provides programs to help adult individuals with developmental disabilities live their best life possible. For more information please call: 573-605-1180

Clothing & More:

St. Vincent de Paul Society - 123 W North Street, 573-547-3975

Perry County Treasures Thrift Store - 917 N Kingshighway, 573-517-3693

Crisis Center Thrift Store - located in the Perry Plaza, Kingshighway

Caring Closet – Perry Co School District #32 573-547-7500 Ext: 7#

*Assistance with school supplies and school activity fees, please call 573-547-7500 Ext: 7#

Food:

St. Vincent's de Paul Lady's of Charity Food Pantry

Immanuel Lutheran Church Food Pantry

Backpack Program for school aged children - Perry County School District 32

Transportation:

SMTS 573-547-8016 (Handicap accessible)

Employment Resources:

Talent Force 573-547-6400
Workforce 573-547-6400
Express Employment Professionals 573-517-4444
Unemployment Office 573-290-5766

Law Enforcement:

Perryville Police Department 573-547-4546
Perry County Sheriff's Department 573-547-4576
Missouri State Highway Patrol 573-751-3313

Recreation:

Perry Park Center 573-547-7275
Tee Road Sports 314-378-8550

Health/Wellness:

Perry County Health Department - 406 N Spring Street,
573-547-6564 Perry County Memorial Hospital - 434 N
West Street, 573-547-2536 PFCC West (Walk-in Clinic)
- 1508 Edgemont Blvd, 573-768-3220 VA St. Louis
Health Care System Eligibility Office - 314-652-4100
Ext: 54165 John J. Pershing VA Medical Center Poplar
Bluff 573-686-4151

Alcohol/Drug Addiction Recovery:

Gibson Recovery Center 573-547-1121
New Life Mission 573-513-2918

Crisis:

Regional Family Crisis Center 573-547-2480

Mental Health:

Community Counseling Center 573-547-8305
For School aged children Please call: 547-7500 Ext: #7

Hotline Numbers:

National Domestic Violence Hotline 1-800-799- SAFE
Suicide Hotline 1-800-SUICIDE
Veterans Crisis Line 1-800-273-8255
United Way Crisis Helpline 1-800-233-HELP
Teen Hope Line 1-800-394-HOPE
Youth Crisis Hotline 1-800-448-4663

Homeless 1-800-231-6946
American Family Housing 1-888-600-4357
Family Violence Prevention Center 1-800-313-1310
National Child Abuse Hotline 1-800-4-A-CHILD
Drug Abuse National Helpline 1-800-662-4357
National Runaway Safeline 1-800-RUNAWAY

Churches:

First Baptist Church 573-547-4644
First Presbyterian Church 573-547-6181
St. Vincent de Paul Church 573-547-4591
First Assembly of God 573-547-5431
Immanuel Lutheran Church 573-547-8317
Heartland Baptist Church 573-547-8960
Overcomers Church International 573-547-2202
Perryville United Methodist 573-547-5200
Glory Hill Lighthouse 573-597-7352
Perry County United Pentecostal Church 573-576-6725
St Mary of the Barrens-National Shrine of
Our Lady of the Miraculous Medal 1-800-264-6279
Christ the Savior Church 573-547-4300
Our Lady of Victory Church 573-547-4300
York Chapel United Methodist 573-547-5200
Jehovah's Witnesses 573-547-4155