

# HIAWATHA USD 415



## Health Handbook

Heather Gildersleeve, BSN, RN (HES)

Erin Winger, RN (HMS, HHS)

Approved By:

USD 415 Board of Education

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## INTRODUCTION

In an effort to maintain consistency across all schools within USD 415, health related policies, procedures, and samples of needed documentation can be found within this handbook. Please contact your student's school nurse for any further clarification or questions that you may have.

HES: Heather Gildersleeve (785) 742-7181

HMS: Erin Winger (785) 742-4172

HHS: Erin Winger (785) 742-3312

Annex: Heather or Erin

## EpiPens

EpiPens will be kept in the school offices as they become available from the district's medical supplier. These will be used at the discretion of the nurse and/or trained staff in emergency cases for students that do not have an EpiPen prescription or that unexpectedly require such intervention.

## Meal Modification

If a student needs meal modification one of the following conditions need to be met:

- Disability
- Food allergy
- Intolerance

Contact your school nurse for the specific form, which **requires BOTH a physician's and parent/guardian signature**. The form **MUST** be in the school office **BEFORE** any meal adjustments can be made. **(Medical Statement to Request School Meal Modification Form)**

Starting in 5th grade, students are expected to be able to identify their allergies and will need to avoid such foods when going through the lunch lines. If they are unsure and need to check ingredients, kitchen staff will be readily available to answer any and all questions.

## Cough Drops

If you would like your child to use cough drops during school hours, a note from the legal parent/guardian must accompany the cough drops. This is to avoid a child bringing without parental knowledge. **A DOCTOR'S NOTE IS NOT REQUIRED.** Cough drops should be labeled with the child's name and will be kept at the teacher's desk/office (HES). Cough drops should be labeled with the child's name and will be kept in the nurse's office or in the individual's locker (HMS). Cough drops should be labeled with the child's name and will be kept in the student's locker (HHS). If cough drops come to school without a note, **NO** cough drops will be given or allowed to be kept in the lockers.

## Lice

Students attending USD 415 found to have live lice or nits will not be required to leave school. Parents/guardians will be notified of the student's condition and allowed the option to pick up from school or treat at home after school hours. Parent education on treatment options (insurance covered options through primary care provider, treatment kits and where to find locally, donated kits on hand), household cleaning procedures, personal belonging cleaning will be provided via school nurse. If a parent chooses to treat at home, visual reduction in nits/louse must be evident upon returning to school. Chronic infestations, or severe cases, may be treated at school (dependent upon supplies and staffing) with parent/guardian permission. Education will still be provided to parents in such cases and students will be permitted to return to class once treatment is completed. Said case will be treated again in 7-10 days until infestation is no longer evident.

## Bed Bugs

Please advise your student's nurse if bed bugs are confirmed in your household. These cases will be handled individually as they arise and CDC recommendations will be followed. The following steps may be taken daily, if a bed bug is found on a child or their personal belongings:

1. An effort will be made to collect and securely contain the specimen.
2. If this is the first time a suspected bed bug is found on a specific student, or specific area of the school, the specimen may be taken to the Brown County

Extension Office for identification purposes.

3. Students will not be sent home from school or isolated away from others in their classrooms.
4. The student will be allowed to change into temporary clothing while all personal clothing items are dried on high heat for 30 minutes. After the drying process, the student will be allowed to change back into these personal items.
5. All non-clothing items that travel between school and home (backpack, trapper, computer bags, etc.) will be kept in a tightly closed container or bag for the duration of the day. Students should bring only essential items to school.
6. Contact with the parent/guardian of the affected student will be made by the end of the school day and educational material sent home with the student. Parent/Guardian contact of other students will only occur if a classroom infestation is identified.
  - a. Infestation is defined as an area consisting of all stages of the bed bug life cycle
7. If infestation has been confirmed in a classroom, it shall be thoroughly vacuumed with a disposable bag vacuum cleaner the first day and then at least on a weekly basis. The vacuum bag will be disposed of immediately before cleaning other areas.

## **Rashes**

Rashes will be handled case by case per CDC recommendations. If a rash has open sores, oozing, blistering, etc. USD 415 will require a doctor's note before returning to school to ensure the child is not contagious.

## **Conjunctivitis (Pink Eye)**

USD 415 students found to have viral or bacterial pink eye will be treated in accordance with Centers for Disease Control and Prevention (CDC) recommendations.

<https://www.cdc.gov/features/conjunctivitis/index.html>

## **Strep Throat**

USD 415 follow CDC guidelines and recommendations for students diagnosed with strep throat. <https://www.cdc.gov/dotw/strepthroat/index.html>

## **Varicella (Chickenpox)**

In accordance with Centers for Disease Control and Prevention (CDC) and Infectious Disease Epidemiology and Response guidelines, USD 415 follow the school exclusion policy recommended by both regulatory bodies.

<https://www.cdc.gov/chickenpox/outbreaks/manual.html#2d3>

## **Ringworm**

USD 415 follows CDC recommendations for students diagnosed with ringworm.

<https://www.cdc.gov/fungal/diseases/ringworm/risk-prevention.html>

## **Influenza**

In the event that a student has been diagnosed with Influenza, or symptoms of Influenza are found by the school nurse or authorized USD 415 staff, the child may be sent home until released by their physician or fever free. USD 415 will follow yearly CDC recommendations and input from the child's doctor to determine the length of time the student must be fever free and absent from school or school events.

## **Vomiting, Diarrhea, or Fevers**

Students will be sent home from school when an oral temperature is 100.0 F. In order to return, the student must remain fever free for 24 hours without the help of fever reducing medications such as Tylenol, Motrin, Ibuprofen. In cases of vomiting or diarrhea witnessed by staff the student will be sent home at staff discretion until symptom free for 24 hours. If vomiting or diarrhea occurred while at home, the student should stay home until 24 hours symptom free so not to expose others to unnecessary illnesses.

## **Immunizations**

KANSAS SCHOOL IMMUNIZATION REQUIREMENT (Kindergarten-12th Grade)

Immunization requirements and recommendations for the school year are based on the

Advisory Committee on Immunization Practices (ACIP) recommendations and the consensus of the Governor's Child Health Advisory Committee Immunization Workgroup. The current recommended and minimum interval immunization schedules may be found at: <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html> . (Rev. 1/12/16)

The best disease prevention is achieved by adhering to the recommended schedule however, if a child falls behind, the minimum interval schedule is implemented. To avoid missed opportunities, immunization providers may use a 4 day grace period per age and interval between doses. In such cases, these doses may be counted as valid.

K.S.A 72-5208-5211a - Kansas Statutes Related to School Immunizations Requirements and K.A.R. 28-1-20 defines the immunizations required for school and early childhood program attendance found here:

[http://www.kdheks.gov/immunize/download/KS Imm Regs for School and Childcare.pdf](http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf)

**Failure to complete required immunizations by October 15th may result in the student being excluded from school until completed. If enrollment happens after the start of the first quarter, proof of immunization should be submitted within two months after the student's first day in attendance.**

Legal alternatives to school vaccination requirements are found at K.S.A. 72-5209

Vaccination efforts by school and public health officials, immunization providers and parents are key to the success of protecting our children and communities from vaccine preventable disease. **In accordance with state statutes, students will be deemed non-compliant if all immunizations are not up to date and a copy is present in their school's office no later than October 15th of each school year. If enrollment happens after the start of the first quarter, the proof of immunizations should be submitted within two months after the student's first day in attendance.**

### **Kansas Statutes Related to School Immunization**

K.S.A. 72-5209 Health tests and inoculations; certification of completion required, alternatives; duties of school boards

- A. In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolled for the first time in a preschool or day

care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board:

- a. Certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the secretary.
  - b. Pupils who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the pupil has received the most recent appropriate inoculations in all required series. Failure to timely complete all required series shall be deemed non-compliance.
- B. As an alternative to the certification required under subsection (A), a pupil shall present:
- a. An annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child, or
  - b. A written statement signed by one parent or guardian that the child in an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations
  - c. On or before May 15th of each school year, the school board of every school affected by this act shall notify the parents or guardians of all known pupils who are enrolled or who will be enrolling in the school of the provisions of this act and of any policy regarding the implementation of the provisions of this act adopted by the school board.
  - d. If a pupil transfers from one school to another, the school from which the pupil transfers shall forward with the pupil's transcript the certification or statement showing evidence of compliance with the requirements of this act to the school to which the pupil transfers.

K.S.A. 72-5210

Same; duties of public health departments and officers; fees, exception to payment. The county, city-county, or multi-county health department shall provide without delay, and to the extent that funds are available, the tests and inoculations required by this act to such pupils as are not provided therewith by their parents or guardians and who have not been exempted on religious or medical grounds. Such tests and inoculations may be provided on a sliding fee scale for administrative charges, with the exception that no child may be denied inoculations for inability to pay an administrative fee. The local



health officer shall counsel and advise school boards concerning the administration of this act.

K.S.A. 72-5211

Same; duties of secretary; forms and certificates; regulations. The secretary shall prescribe the content of forms and certificates to be used by school boards in carrying out this act and shall provide, without cost to the school boards, sufficient copies of this act for distribution to pupils. Schools shall utilize the reporting form adopted by the secretary for documentation of all immunizations. Audit information shall be obtained from this adopted form. The secretary may adopt such regulations as are necessary to carry out the provisions of this act.

K.S.A. 72-5211a

Exclusion of pupils from school attendance; adoption of policy; notice; hearing; compulsory attendance law not applicable. (a) The school board of every school affected by this act may exclude from school attendance, or by policy adopted by any such board, authorize any certificated employee or committee of certificated employees to exclude from school attendance, any pupil who has not complied with the requirements of K.S.A. 72-5209. A pupil shall be subjected to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of K.S.A. 72-5209. The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall:

- A. Indicate the reason for the exclusion from school attendance,
- B. State the pupil shall continue to be excluded until the pupil has complied with the requirements of K.S.A. 72-5209, and
- C. Inform the parent or guardian that a hearing hereon shall be afforded the parent or guardian upon request therefore.

(b) The provisions of K.S.A. 72-1111 do not apply to any pupil while subject to exclusion from school attendance under the provisions of this section.

## **Kansas School Health Programs**

All students entering USD 415 for the first time and are aged 9 and under are required to have a health assessment completed by their physician. **This is to be submitted to HES no later than October 15th of every school year. If enrollment happens after the**

**start of first quarter, the assessment should be submitted within two months after the student's first day in attendance.**

### **Head Injury**

Any student that sustains an injury to their head during normal school hours (7:50am-3:30pm) will be evaluated for any signs or symptoms of a concussion. These findings will be communicated to the legal guardian and principal of that building along with any necessary recommendations for evaluation by a physician. USD 415 staff will not be held liable for any recommendations or assessment findings.

If a head injury is sustained outside of school, please contact your student's nurse so that proper care can be provided, if needed.

### **Hearing, Vision, Dental Screenings**

USD 415 will conduct hearing, vision, and dental screenings per guidelines from the Kansas State Department of Education and the Kansas Department of Health and Environment. Those that wish to opt out their child should contact their school nurse yearly. Dental professionals not employed by USD 415 may be brought in to perform yearly dental screenings as seen fit.

### **Kansas Statutes Related to School Health Programs**

K.S.A. 72-6267. Health assessments; definitions; requirements, alternatives; duties of school boards.

(a) As used in this section:

- (1) "School board" means the board of education of a school district and the governing authority of any nonpublic school;
- (2) "school" means all elementary schools within the state;
- (3) "local health department" means any county or joint board of health having jurisdiction over the place where any pupil affected by this section may reside;
- (4) "secretary" means the secretary of health and environment;
- (5) "physician" means a person licensed to practice medicine and surgery;
- (6) "nurse" means a person licensed to practice professional nursing;
- (7) "health assessment" means a health history, physical examination and such screening

tests as are medically indicated to determine hearing ability, vision ability, nutrition adequacy and appropriate growth and development;

(8) "clinic" means an indigent health care clinic as defined by K.S.A. [75-6102](#) and amendments thereto.

(b) Subject to the provisions of subsection (d) and subsection (g), on and after July 1, 1994, every pupil up to the age of nine years who has not previously enrolled in any school in this state, prior to admission to and attendance in school, shall present to the appropriate school board the results of a health assessment, pursuant to subsection (g), which assessment shall have been conducted within 12 months of school entry by a nurse who has completed the department of health and environment training and certification, by a physician or by a person acting under the direction of a physician. Information contained in the health assessment shall be confidential and shall not be disclosed or made public beyond that necessary under this section except that: (1) Information contained in the health assessment may be disclosed to school board personnel but only to the extent necessary to administer this section and protect the health of the pupil; (2) if a medical emergency exists, the information contained in the health assessment may be disclosed to medical personnel to the extent necessary to protect the health of the pupil; (3) if the parent or guardian of a pupil under 18 years of age consents to the disclosure of the information contained in the health assessment or, if the pupil is 18 years of age or older, if the pupil consents to the disclosure of the information; and (4) if no person can be identified in the information to be disclosed and the disclosure is for statistical purposes.

(c) As an alternative to the health assessment required under subsection (b), a pupil shall present:

(1) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such assessments; or

(2) a written statement signed by one parent or guardian that such assessment will be scheduled and completed within 90 days after admission to school.

(d) Prior to the commencement of each school year, the school board of every school affected by this section shall give to all known pupils who will be enrolling in the school and who are subject to the requirements of subsection (b) or (c)(1) and (2), a copy of any policy regarding the implementation of the provisions of this section adopted by the school board.

(e) If a pupil transfers from one school to another, the school board of the school from which the pupil transfers shall forward with the pupil's transcript, upon request of the parent or guardian of the pupil therefor, the results of the health assessment showing evidence of compliance with the requirements of this section to the school board of the school to which the pupil transfers.

(f) Local health departments and clinics may charge a sliding fee for providing such health assessments based on ability to pay and no pupil shall be denied the health assessment due to inability to pay. The local health officer shall counsel and advise local school boards on the administration of this section. The secretary may adopt rules and regulations to award grants to assist local health departments and clinics in providing such health assessments, consistent with state appropriations.

(g) The secretary may adopt rules and regulations necessary to carry out the provisions of this section, but shall not prescribe a form on which the results of health assessments are reported.

(h) The school board of every school affected by this section may exclude from school attendance, or by policy adopted by any such school board authorize any certificated employee or committee of certificated employees to exclude from school attendance, any pupil who is subject to and who has not complied with the requirements of subsection (b) or (c). A pupil shall be subject to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of subsection (b) or (c). The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall indicate the reason for the exclusion from school attendance, state that the pupil shall continue to be excluded until the pupil has complied with the requirements of subsection (b) or (c) and inform the parent or guardian that a hearing thereon shall be afforded the parent or guardian upon request for a hearing.

(i) The provisions of K.S.A. 2018 Supp. [72-3120](#) and amendments thereto do not apply to any pupil while excluded from school attendance under the provisions of subsection (h).

Source or Prior Law: [72-5214](#).

K.S.A. 72-135 School Sports Head Injury Prevention Act “Kansas Act” effective July 1, 2011

(a) This section shall be known and may be cited as the school sports head injury prevention act.

(b) As used in this section:

(1) "School" means any public or accredited private high school, middle school or junior high school.

(2) "Health care provider" means a person licensed by the state board of healing arts to practice medicine and surgery.

(c) The state board of education, in cooperation with the Kansas state high school activities association, shall compile information on the nature and risk of concussion and head injury including the dangers and risks associated with the continuation of playing or practicing after a person suffers a concussion or head injury. Such information shall be provided to school districts for distribution to coaches, school athletes and the parents or guardians of school athletes.

(d) A school athlete may not participate in any sport competition or practice session unless such athlete and the athlete's parent or guardian have signed, and returned to the school, a concussion and head injury information release form. A release form shall be signed and returned each school year that a student athlete participates in sport competitions or practice sessions.

(e) If a school athlete suffers, or is suspected of having suffered, a concussion or head injury during a sport competition or practice session, such school athlete immediately shall be removed from the sport competition or practice session.

(f) Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider and the health care provider provides such athlete a written clearance to return to play or practice. If the health care provider who provides the clearance to return to play or practice is not an employee of the school district, such health care provider shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(g) This section shall take effect on and after July 1, 2011.

## District Medication Policies

Prescribed medication is given at school only upon written request from both the lawful custodian and a person who is licensed to practice medicine and surgery or dentistry. Implementation of the requests must follow the Elementary and Secondary Schools Accreditation Regulations (KAR 91-31-3) and other applicable Kansas laws. School nurses follow special regulations in order to safely and legally administer medication at school. Non-prescription medication (with the proper paperwork) will be administered to relieve pain or in case of injury (broken bone) but **will not be given to relieve fever** so that the child can remain in school. Please read the following guidelines and keep them in a convenient place for future reference. Medication not meeting these guidelines cannot be given.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE SCHOOL NURSE BEFORE SENDING THE MEDICATION TO SCHOOL.**

### Medication Administration by USD 415 Staff

1. This policy addresses non-prescription and prescription medications.
2. The dosage intervals of many medications can be adjusted so that times for taking the dosages come outside school hours. If at all possible, medications should be taken prior to coming to school or after leaving school under parental supervision.
3. The school nurse must review all medication requests prior to initiating their administration. The school nurse may designate and train a non-nurse school employee to administer them.
4. When necessary to administer medication during school hours, a written request must be submitted to the school. Prescription medications paperwork must be signed and dated by both the parent and physician. Over the counter medications may be given with only the parent signature. Appropriate USD 415 personnel may exchange information regarding the medication request with the physician and dispensing pharmacy. (Note: any change in dosage or schedule will require a new written request with physician's signature and new or newly labeled medication containers. Requests must be renewed yearly.)
5. All medications that fall under the category of "controlled substances" will not be carried on the student in the school setting. Such medications will be housed in the health room or office in a locked container.

6. Medications must be provided:
  - a. By the parent or legal custodial in the original medication container.
  - b. In appropriate packaging labeled with the following
    - i. Name of pupil
    - ii. Prescription number
    - iii. Name of medication and strength
    - iv. Dosage and directions for administration
    - v. Date prescription was filled
    - vi. Prescribing physician's name
    - vii. When applicable—expiration date, storage instructions.
7. It is the responsibility of the parent to assure that the medication and dosage in the container is the same as identified on the affixed label. (Suggestion: Two containers, one for school use and one for home, can be requested from the pharmacy when the prescription is filled.)
8. School employees who administer medication in accordance with authorized physicians' instructions and BOE policy shall not be liable for damages resulting from adverse reactions suffered because of the medication or because of mislabeled or altered products. In the event of an adverse reaction, the pupil will be treated according to standard emergency care guidelines.
9. The school is not responsible if a student misses a dosage of medication.

These guidelines have been endorsed by the Kansas State Department of Health and Environment. They were developed by representatives of the Kansas Dept. of Health and Environment, Kansas Association for School Health, Kansas School Nurse Organization, and Kansas Pharmacists' Association. Representatives from the Kansas State Board of Nursing have reviewed and endorsed the guidelines and the Kansas State Department of Education has provided input.

#### **Medication Administration While Off Campus/Out of Normal Building**

When a student is off USD 415 campus, or out of their normal building, the minimal dose of all daily scheduled medications, EpiPen (if prescribed), emergency medications, and inhaler that is normally kept/administered by the nurse will accompany the assigned teacher. The minimal dose of medication will be labeled with:

1. Student's name
2. Student's date of birth
3. Medication name
4. Medication dosage

5. Instructions for administration including route and time

### **Self-Administration of Medication**

1. In certain circumstances, the lawful custodian, physician, and/or the school nurse may agree to allow the pupil to take his/her own medication. Initial requests must be processed and kept on file in building where the student is in attendance.
2. When the administration plan designates that the pupil is responsible for his/her own medication administration, the lawful custodian will send to school only the minimum supply of medicine needed at a time with the understanding that the pupil will be responsible for knowing correct dosage to take, correct time to take, and correct conditions to take the medication. The medication shall be packaged in its original container which identifies the name of the pupil to receive the medication and name and dosage of medication.
3. Any abuse of a self-administration plan will result in the loss of the privilege. This includes letting other students “borrow” their medication.
4. Permission form must be completed and on file before any medication may be taken or carried by the student.

### **Controlled Substances**

All medications that are considered “Controlled” will not be self-carried. These medications must remain in the office locked up.

### **Inhalers**

In order for a student to have access to an inhaler at all times, it is recommended that:

1. One inhaler be kept by the school nurse (HES/HMS) **OR**
2. The student self-carry, with it being kept on them at all times, especially during sport seasons (HMS/HHS)

Students must have their Self-Carry form completed and in the office for these to be carried. **It is strongly recommended that an “Asthma Action Plan” be on file for the student at their school.**

### **Diabetes Supplies and Management**

Students will be responsible for having all supplies needed for daily maintenance of diabetes (strips, insulin, needles, glucometer, etc.). Daily checks and insulin administration will be done in the nurse’s office or designated site (HES/HMS/HHS). Staff



Administration of Medication form needs to be completed and on file, policies for staff administration applied. Students who are self sufficient (HHS) will need to be sure a Self-Administration form is on file. Emergency diabetes medications (ie: Glucagon) should be kept in the nurse's office for **all** students with diabetes.

All students with diabetes need to have an updated copy of their Action Plan on file with the nurse at all times.

Students with insulin pumps will be cared for case-by-case based on recommendations from doctor orders, action plans, healthcare plans, etc. USD 415 staff will not change pump sites for routine care, only in cases of improper functioning of the pump.